

ENROLMENT FORM

YMCA South Australia
Playclub

Who is Attending

Child A Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?: Yes No Date of Birth: Age: Sex:

Child B Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?: Yes No Date of Birth: Age: Sex:

Child C Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?: Yes No Date of Birth: Age: Sex:

Child D Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?: Yes No Date of Birth: Age: Sex:

Family Details

Your Contact Details: Please ensure that names provided are consistent with those registered with the Family Assistance Office.

Primary Parent/Guardian Name: Relationship:

Date of Birth:

Contact Details: Phone (mobile): (home): (work):

Email:

Postal Address: Post Code:

Aboriginal or Torres Strait Island Background?: Yes No

Is English your first language?: Yes No If no, language spoken at home:

Secondary Parent/Guardian Name: Relationship:

Date of Birth:

Contact Details: Phone (mobile): (home): (work):

Aboriginal or Torres Strait Island Background?: Yes No

Is English your first language?: Yes No If no, language spoken at home:

Privacy Acknowledgement

I acknowledge the information provided herein by me is to be used by YMCA South Australia for the sole purpose of providing Playclub for my children and the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my children is mandatory.

Child A: Yes No

Child B: Yes No

Child C: Yes No

Child D: Yes No

Photography

To being photographed for the purposes of documentation and display within the service. Any photographs used publically will be permissioned on a case by case situation with a photograph release form.

Child A: Yes No

Child B: Yes No

Child C: Yes No

Child D: Yes No

Face Painting

I allow my children to have their face painted during programmed activities.

Child A: Yes No

Child B: Yes No

Child C: Yes No

Child D: Yes No

Disclaimer

- I hereby give permission for my children to attend YMCA South Australia Playclub and agree to abide by YMCA South Australia's policies and guidelines.
- I hereby state that the above information supplied is correct and all information that may affect my children's care at YMCA South Australia has been included. I understand that enrolment in the service is conditional on the accuracy of the information supplied by me and that my children's participation may be terminated with no refund of the costs incurred if the information is found to be inaccurate or misleading.
- I understand that my responses to the above questions will be acted upon as I have directed and any alteration to this information made by me will need to be in writing.
- I understand that I consent to the transportation of my child by an ambulance service in the event of an emergency.
- I understand that all medical and transport costs are payable by myself and are my responsibility. I give consent for my child/ children's medical and enrolment details to be released to the Ambulance Service and admitting hospital.

Your Permission:

I _____ (the undersigned)
have read all enrolment answers and conditions and agree to abide by them. I give permission for my children (as stated above) to attend YMCA South Australia Playclub and will not hold YMCA South Australia, its staff or volunteers responsible for damages and/or loss of property and/or accident.

Date:

Please print out this form and submit in person.