



YMCA St Pauls

2017 ENROLMENT

please don't hesitate to speak to one of our educators if you require any further documentation.

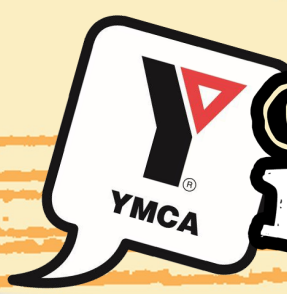
Contact

T: 3261 1124

M: 0407 742 826

E: asp@ymcabrisbane.org





Outside School HOURS CARE

Please complete
all of the
applicable forms
and hand back
to your
Coordinator to
process the
enrolment



**Thank
you**



Enrolment Form 2017 07 - 506

How did you hear about YMCA OSHC?

Internet
 Yellow Pages
 Word of Mouth
 School
 Other _____

ACCOUNT INFORMATION	
YMCA OSHC Service:	Date Of Care To Begin:
Account Holder Surname:	Account Holder CRN: <small>(PERSON CLAIMING CCB)</small>
Child/ren's Address:	Postcode:
Phone (H):	School Attending:

PARENT/GUARDIAN INFORMATION – PLEASE PROVIDE COPIES OF ID

Parent/Guardian 1 <small>(Account Holder) (CONTACT 1)</small>	Name:	DOB:	<input type="checkbox"/> M	<input type="checkbox"/> F	Photo ID
	Address (H):				Postcode:
	Phone (H):	Relationship To Child/ren:			
	Mobile:	Email:			
	Phone (W):	Occupation:	Employer:		
	Address (W):				Postcode:
Parent/Guardian 2 <small>(CONTACT 2)</small>	Name:	DOB:	<input type="checkbox"/> M	<input type="checkbox"/> F	Photo ID
	Address (H):				Postcode:
	Phone (H):	Relationship to child/ren:			
	Mobile:	Email:			
	Phone (W):	Occupation:	Employer:		
	Address (W):				Postcode:

Details of Parental Custody/Court Orders: _____ Documentation attached: Yes No

Is the child/children in foster/kinship care? Yes No

Do you have a Risk Management Plan for the child/ren? Yes No

If yes, please be advised we will contact the Child Safety Officer to confirm if there are any matters we need to be aware of that may impact the care arrangement, and if necessary we will work with you and Child Safety to develop a Risk Management Plan.

Please provide contact details of the Child Safety Officer: _____

CHILD/REN'S INFORMATION

	Child/ren's name Preferred name	Year/Grade	DOB	Gender	Child's CRN
1				<input type="checkbox"/> M <input type="checkbox"/> F	
2				<input type="checkbox"/> M <input type="checkbox"/> F	
3				<input type="checkbox"/> M <input type="checkbox"/> F	
4				<input type="checkbox"/> M <input type="checkbox"/> F	

Number of child/ren attending child care other than YMCA Outside School Hours Care:

MEDICAL & CULTURAL INFORMATION

Family Doctor:

Address:

Phone:

Medicare No:

Disabilities or medical conditions and details:

Management Plan supplied: Yes No

Please see Coordinator to complete forms 07-616 and 07-669

Please note the appropriate child's name below and give further details in the additional space section on this form.

Has your child/ren had a history of ill health or been hospitalised? No Yes Name:

Does your child/ren have any allergies? * No Yes* Name:

**Please see Coordinator to complete form 07-534*

Does your child/ren require staff to administer medication? * No Yes* Name:

**Please see Coordinator to complete form 07-534*

Does your child/ren have any fears? No Yes Name:

Has your child/ren received the relevant immunisations for their age? No Yes Name:

Does your child/ren have any special needs? * No Yes* Name:

**Please see Coordinator to complete forms 07-616 and 07-669*

Does your child/ren have a disability? * No Yes* Name:

**Please see Coordinator to complete forms 07-616 and 07-669*

Is your child/ren of Aboriginal (A) or Torres Strait Islander (T) origin?# No Yes (A) Yes (T)

It is a requirement of the Federal Department of Education that YMCA OSHC services gather this information. The Department of Education use this data for statistical purposes.

Language spoken at home:

Family Religion

Are there any cultural issues that you would like the service staff to be aware of? No Yes

Are there any behavioural issues that you would like the service staff to be made aware of? No Yes

Are there any particular food or drink preferences for your child/ren? No Yes*

**Please see Coordinator to complete form 07-612*

EMERGENCY CONTACTS – Please provide copies of ID

Emergency contacts and people over the age of 18, authorised to collect children, (other than parents/guardians [contacts 1 & 2] these are filled out on page 1)

Please place in specific call order, you must supply a minimum of 1;

CONTACT 3	Name:	Relationship to child/ren:	Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>
	Address:		
	Phone:	Mobile:	
CONTACT 4	Name:	Relationship to child/ren:	Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>
	Address:		
	Phone:	Mobile:	
CONTACT 5	Name:	Relationship to child/ren:	Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>
	Address:		
	Phone:	Mobile:	
CONTACT 6	Name:	Relationship to child/ren:	Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>
	Address:		
	Phone:	Mobile:	

INITIAL BOOKING

Please note that any changes to these initial bookings need to be submitted in writing using the YMCA OSHC Booking Form. Place a tick beside each day that care is required.

Before School Care		After School Care		OR
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Full Time Care: every Before and After School Care session <input type="checkbox"/> Casual Care: bookings made as needed. Date care to Begin:
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday			

ADDITIONAL SPACE

Does your child have any additional needs you would like to make the service aware of? Is there any further information you would like to make the service aware of? For example, toileting requirements, likes, dislikes, etc.

ENROLMENT AGREEMENT

By enrolling my child/ren into YMCA care arrangements, I/We agree to the following:

- I/We agree to notify the Coordinator of any change to information provided on the enrolment form.
- I/We have read and understand the YMCA OSHC Fee Schedule and agree to pay all childcare fees incurred.
- I/We understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I/we fail to do so I/we will be responsible for paying full fees.
- I/We understand that I/we must link my/our child/ren to the service, provide my/our date of birth and provide family and child Customer Reference Numbers.
- I/We acknowledge that it is my/our responsibility to read the Parent Handbook which is on the website www.ymcachildcare.com.au and agree to abide by the rules, policies and procedures of the service.
- I/We have read the Access for Families Policy and understand that if necessary I/we may lose my/our bookings.
- I/We understand that it is necessary to personally sign child/ren out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my/our child/ren, I/we agree to notify the Coordinator in advance and in writing to this effect.
- I/We agree to inform the Coordinator of any absence of my child/ren as soon as possible and understand that there may be fees associated with changing bookings.
- I/We understand that management and/or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law.
- I/We understand that, in the case of a Foster Care arrangement, management can contact the Case Worker to obtain strategies to work with the child/ren.
- I/We agree to keep my/our child/ren from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I/We accept that the Coordinator will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases".
- I/We authorize all YMCA staff to provide any required first aid and further to ensure that appropriate medical attention is provided in an emergency. I/We give permission for YMCA to obtain at my/our cost medical, hospital and ambulance service in the case of an accident or emergency involving my/our child/ren.
- I/We give permission for staff and students to observe my/our child/ren to assist in developing activity programs.
- I/We give permission for staff to apply sunscreen to my/our child/ren prior to outdoor play.
- I/We give permission for my/our child/ren's name and/or photograph to be used for promotional purposes and service displays.
- I/We give permission for YMCA OSHC to use the email address provided to contact me/us regarding account issues and keep me/us updated with service newsletters and information.
- I/We give permission for OSHC staff to liaise with my/our child/ren's school administration staff to obtain contact details in an emergency.
- I/We give permission for OSHC staff to liaise with my/our child/ren's teacher when relevant to the well-being of my child/ren.
- I/We agree to pay any relevant additional charges including, but not limited to, late fees, cessation of care and incursion/excursion fees as per the fee schedule.
- I/We understand that copies of all of the parents and guardians ID need to be attached to this enrolment form in order to allow YMCA staff to relinquish care of my child/ren to any of the named contacts on this form.

Parent/Guardian Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date:

SAFEGUARDING CHILDREN & YOUNG PEOPLE - The YMCA has a range of policies and procedures to keep children and young people safe. Details of these policies are available at: www.brisbaneymca.org along with information on how you can report child safety concerns.

Office Use Only

Date received:

Date Registration Fee paid:

Date entered into QK:

Enrolment data entered into QK by:

Foster/Kinship Care: Was CSO Contacted? Yes No

Foster/Kinship Care: Were there any risks Identified we need to manage? Yes No

If Yes has RMP been Developed? Yes No

If not, why not:

YMCA BRISBANE OSHC		DATE:
INDIVIDUAL MEDICAL EMERGENCY AND RISK MINIMISATION PLAN 07-616		SERVICE:
TO BE DEVELOPED IN CONSULTATION BETWEEN PARENTS/GUARDIANS AND COORDINATOR		NAME:
MEDICAL CONDITION:		<i>Insert Child's Photo</i>
DETAILS OF MEDICAL CONDITION:		
SYMPTOMS:		
WHAT ARE THE RISKS ASSOCIATED WITH THE MEDICAL CONDITION:		
HOW WILL THESE RISKS BE MINIMISED		
IF THE MEDICAL CONDITION RELATES TO A FOOD ALLERGY WHAT PRECAUTIONS WILL BE TAKEN TO ENSURE SAFE HANDLING, PREPARATION CONSUMPTION AND SERVICE OF FOOD		
ACTION PLAN:		
HAVE PARENTS BEEN NOTIFIED OF ANY KNOWN RISKS AT THE SERVICE? Y / N		
I, PARENT/GUARDIAN, HAVE PROVIDED THE SERVICE WITH ANY REQUIRED MEDICATION THAT IS PRESCRIBED BY A MEDICAL PRACTITIONER. I WILL ENSURE IT WILL BE REPLACED WHEN REQUIRED.		
PARENT/GUARDIAN NAME:		
HOME PHONE:	WORK PHONE:	
MOBILE PHONE:	DR PHONE:	



Authorisation to Administer Medication 07 - 534

AUTHORISATION

CHILD'S NAME:

PARENT/GUARDIAN NAME:

- As the parent/guardian of the above mentioned child I request and authorise YMCA OSHC to administer the following medication.
- I warrant that the medication provided to YMCA OSHC with this authority is that as described below.
- I am aware that any information regarding changes to this medication including type, dosage etc must be forwarded to YMCA OSHC in writing.
- I am aware that it is my responsibility to maintain an adequate supply of this medication at YMCA OSHC.

PARENT SIGNATURE:

DATE:

ADMINISTRATION INFORMATION

NAME OF MEDICATION:

QUANTITY ON HAND OVER (TABLETS/ML):

PERIOD FOR WHICH MEDICATION IS TO BE ADMINISTERED: From: To:

FREQUENCY OF DOSAGE: (IE, SPECIFIC TIMES)

TIME MEDICATION IS TO BE GIVEN WHILE IN CARE:

MEDICATION DOSAGE:

DOCTORS NAME:

TELEPHONE: DOCTORS LETTER ATTACHED: Yes No

HAS THE CHILD TAKEN THIS MEDICATION PREVIOUSLY? Yes No

IF NO, STAFF ARE UNABLE TO GIVE ANY MEDICATION THAT HAS NOT BEEN PREVIOUSLY ADMINISTERED.

IF YES, WAS THERE ANY ADVERSE REACTION? Yes No

OTHER INSTRUCTIONS:

SERVICE USE ONLY

The medication supplied with this authorisation is:

- A prescribed medication; and
- In its original package with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and expiry date.

COORDINATOR SIGNATURE:

DATE:



YMCA BRISBANE OUTSIDE SCHOOL HOURS CARE

Food Considerations Form 07 - 612

SERVICE:

CHILD'S NAME:

FOOD CONSIDERATION:

MUST NOT EAT	ALTERNATIVES

FURTHER INFORMATION

SIGNATURE:

DATE:

STANDARD IMAGE RELEASE FORM

PARENT/ GUARDIAN PERMISSION TO USE PHOTOGRAPHS, VIDEO AND/OR IMAGES



PROGRAM AREA: _____

LOCATION: _____

Can we use your photo/s, video or artwork in our YMCA social media sites, newsletters, website, or any other promotional material including posters, flyers, banners?

Yes, I give permission.

No, I do not give permission for them to be used externally, they may only be used for internal purposes (within the program or service).

I understand that I can withdraw my consent at any time but I must do so in writing and forward it to the YMCA of Brisbane.

COPYRIGHT RELEASE

I, _____, the adult/parent/guardian of the child/ren named below, agree to and provide permission for the photographic, video, written and audio or any other form of electronic recording of me and/or my child/ren to be used for and on behalf of the YMCA. I acknowledge that ownership of any photographic, video, audio or any other form of electronic recording will be retained by the YMCA.

I authorise the use or reproduction of any recording referred to above for the purposes of publishing information materials and resources which promote the initiatives of the YMCA without acknowledgment and without being entitled to remuneration or compensation. Any photos, videos, artwork or audio may be used on website or social media pages available to the wider community.

I understand the nature and the consequences of what is being proposed in the above paragraphs. If there has been any matter of uncertainty, I have sought clarification from either a member of the Marketing Division of the YMCA, YMCA Centre Manager, or some other person that has explained any such uncertainty to my satisfaction.

PARENT/ GUARDIAN PERMISSION

Child/ren's name, if applicable:

1.

3.

2.

4.

PARENT / GUARDIAN NAME: _____

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____

CONTACT NUMBER: _____

OFFICE USE ONLY	
Name of Centre:	
Centre Manager:	
Signed:	

All about Me

My name is: _____

Just the Facts

I am ____ years old and am in Grade ____.

The members of my family are: _____

Some of my friends that go to OSHC are: _____

My birthday is: _____

Some of my Favourite things

Food: _____

Sandwich: _____

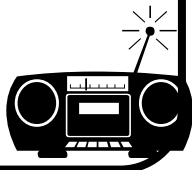
Fruit: _____

Outdoor activity: _____

Indoor activity: _____

Awesome Activity

One thing I like to do that doesn't involve video games or TV is:



Picture Perfect

This is a drawing or photo of me:



Best Book

My favourite book of all time is:



My Hero

One person who inspires me is:



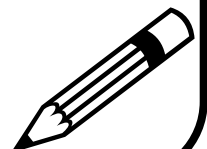
Did you Know?

Something you might not know about me:



MY mini Autobiography

Some more information about me:





St Pauls OSHC
Ph: 07 3261 1124
Fax: 07 3261 4815



ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN, * Indicates a MANDATORY FIELD

Business: The Young Men's Christian Assoc of Brisbane ABN/ACN: 61 028 995 366 **YMCA ASP 26498**

Customer Reference:

*Surname: *Given Name:

*Mobile #:

* Email:

*Address:

*Suburb: *State: *Postcode:

DEBIT ARRANGEMENT | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

I/we authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by The Young Men's Christian Assoc of Brisbane ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.2).

Start Date : (Must be Thursday) / / Weekly Fortnightly

Debit Amount = Balance Due

Max Debit Amt: \$

Administration Fee Paid by YMCA (once only):

Bank Account Transaction Fee: Paid by YMCA

Credit Card Transaction Fee: VISA/MasterCard: 0.99% (Min \$0.66) AMEX/Diners: 4.07% (Min \$0.66)

CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard AMEX Diners

Card Number: Expiry Date: /

Name of Cardholder:

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: Account Number:

Account Holder Name:

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.2) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.2) and I/we have read and understand same.

Signature(s) of Nominated Account: PLEASE PRINT AND SIGN FORM NOT VALID UNLESS SIGNED

Date: / /



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.2)

DDR Service Agreement (Ver 1.2)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/we will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/we agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

- (1) there is a public or bank holiday on the day of the debit, or any day after the debit date;
- (2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
- (3) a payment request is received after normal Ezidebit cut off times, being 4:00pm Queensland time, Monday to Friday.

Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/we will contact the Business if I/we wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www.ezidebit.com.au

I/we acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We authorise:

- a) Ezidebit to verify details of my/our account with my/our financial institution; and
- b) my/our financial institution to release information allowing Ezidebit to verify my/our account details

Po Box 1388
Milton, QLD 4064
Ph: (07) 3124 5500 Fax: (07) 3124 5555



**YMCA of Brisbane
OSHC Administration Office**

P: 07 3354 0444

F: 07 3354 0445

**Brisbane.oshc@ymcabrisbane.org
www.ymcachildcare.com.au**

