

The Y WA Early Learning Enrolment Form

The Y Early Learning Centre:

Your Child's Details

Child's Surname:

Child's First Name:

Date of Birth:

Sex:

Country of Birth:

Child's Centrelink CRN:

Languages spoken at home:

Address:

Postcode:

Is your child of Aboriginal or Torres Strait Islander descent?

No

Yes: Aboriginal

Yes: TSI

Yes: Both

Have any orders been made by a Court regarding your child?

Yes

No

If yes, please attach a copy of the order and provide any details of guardianship, custody and terms of any specific custody or access provision.

Are there any current disputes concerning custody of your child?

Yes

No

If yes, please attach details.

Who does the child currently reside with?

Does your child have any siblings?

Yes

No

If yes, please provide details below and indicate if the siblings are enrolled in a different childcare service for CCS purposes.

Name:

DOB:

Childcare?

Yes

No

Name:

DOB:

Childcare?

Yes

No

Name:

DOB:

Childcare?

Yes

No

Has your child received all the recommended immunisations according to the Australian Immunisation Registry?

Yes

No

Exempt

If yes, please provide a copy to the centre. If no or exempt, please provide documentation to this effect.

Does your child require regular medication?

Yes

No

If yes, please give details and complete an ongoing medication form. If your child has a medical condition that requires ongoing medication to be administered a medical management plan will also be required to be submitted prior to their first booked attendance.

Details:

Does your child have known allergies?

Yes

No

If yes, please provide details/action to be taken in the event of an allergic reaction. Please complete the relevant Allergy Action Plan.

Details:

Does your child suffer from asthma?

Yes

No

If yes, please have a medical practitioner complete an asthma action plan.

Does your child have specific dietary requirements?

Yes

No

If yes, please provide details including if this is a preference or Cultural requirement.

Details:

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Does your child have any additional needs? Yes No

These could include medical conditions, learning and applying knowledge, communication, mobility, self-care, interpersonal interactions. If yes please provide details below or attach additional information.

Details:

Is there any other information regarding your child's health or background that the staff should be aware of? Yes No

This could include being from a cultural and linguistically diverse background, being from a refugee background, or if the child is in the care of the state or the child's place has been sought by a state child protection worker.

Details:

I am willing to have my child's information shared with the Child Health Nurse. Yes No Signature:

I am willing for my child to participate in all experiences offered. I agree that it is my responsibility to familiarise myself with the program and to advise the centre in writing if I do not wish my child to participate in particular activities or outings. All outings will be advertised in writing and written consent will be sought before any outing. Yes No Signature:

I give permission for my child to be photographed / filmed for use in materials including, but not limited to, printed materials such as Brochures, Newsletters, Videos and digital images used on YMCA WA's Website, and Social Media Pages, such as Facebook, as well as the School Readiness program. I understand it is my responsibility to update this form if I wish to retract permission. I understand that permission is given for the entire period of my child's enrolment. Yes No Signature:

Sun/Insect Protection and Nappy Cream application Authorisation - Sun protection policy available on request. I authorise staff to apply Sun cream supplied by the service to my child while attending our centre. Yes No Signature:

I authorise staff to apply insect repellent supplied by the service to my child while attending if required. Yes No Signature:

I authorise staff to apply over the Counter Nappy Cream to my child while attending if required. Yes No Signature:

Families of Port Hedland and Newman: Are you a BHP Billiton Employee? Yes No

Families of Karratha: Are you a Woodside Employee? Yes No

Families of Kalgoorlie: Are you a Northern Star Resource Employee? Yes No

The information provided above is correct to the best of my knowledge. Parent Signature: _____ Date: _____

Office use only

Copy of Birth Certificate provided
 Copy of Immunisation

Eziidbit form completed
 CWA Printed
 Original Birth Certificate sighted

Copy of Custody Order
 CRN of Parent and Child Provided
 CWA Signed and Returned by Parent

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Parent/Guardian Details

Please link Parent 1 with the Parent who's Centrelink CRN you will be using to link with Child Care Subsidy:

Name of person claiming CCS:

Parent 1 Full Name:

Relationship to Child:

Date of Birth:

Enrolling Parent Centrelink CRN:

Occupation:

Home Address:

Postcode:

Work Address:

Postcode:

Mobile Phone:

Home Phone:

Work Phone:

Email Address:

Country of Birth:

Languages spoken at home:

Parent 2 Full Name:

Relationship to Child:

Date of Birth:

Enrolling Parent Centrelink CRN:

Occupation:

Home Address:

Postcode:

Work Address:

Postcode:

Mobile Phone:

Home Phone:

Work Phone:

Email Address:

Country of Birth:

Languages spoken at home:

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Further persons to be contacted in case of emergency & authorised to collect child

Any person who is unknown to staff is required to produce photo ID. These are people other than the child's parents already listed. These people must be able to collect your child in the event of an emergency if you are unable. Please see Parent Handbook for further details. Please ensure these emergency contacts are willing and able to collect your child within 30 minutes, in the event of an emergency. **At least 2 contact names must be completed before enrolment commences. Additional contact must differ from primary & secondary.**

Name: Relationship to Child:

Address: Postcode:

Mobile Phone: Home Phone: Work Phone:

Authorised to consent to medical treatment: Yes No
Authorised to consent to administration of medication: Yes No
Authorised to approve an educator to take a child outside the service: Yes No

Name: Relation to Child:

Address: Postcode:

Mobile Phone: Home Phone: Work Phone:

Authorised to consent to medical treatment: Yes No
Authorised to consent to administration of medication: Yes No
Authorised to approve an educator to take a child outside the service: Yes No

Name: Relation to Child:

Address: Postcode:

Mobile Phone: Home Phone: Work Phone:

Authorised to consent to medical treatment: Yes No
Authorised to consent to administration of medication: Yes No
Authorised to approve an educator to take a child outside the service: Yes No

Name: Relation to Child:

Address: Postcode:

Mobile Phone: Home Phone: Work Phone:

Authorised to consent to medical treatment: Yes No
Authorised to consent to administration of medication: Yes No
Authorised to approve an educator to take a child outside the service: Yes No

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Permission to Seek Medical Advice

Doctor's Name:

Contact Number:

Address:

Medicare Number:

Medical Insurance Fund:

Insurance Number:

I understand that in the case of an accident or injury, the centre will attempt to contact me; if I cannot be contacted I give authorisation for medical attention to be sought for my child. In the event of an emergency I consent for an ambulance to be called to take my child to hospital. I understand that all medical and transport costs are payable by me and are my responsibility. In the event of an emergency I give my consent for my child's medical files to be released to the admitting hospital.

Signature:

Date:

Requested Booking

Please indicate the days of care you require by ticking the boxes below. Once a booking is requested, 2 weeks written notice is required to cancel the booking without charge. Please be advised that Child Care Subsidy (CCS) may not be payable if your child is absent on their first and/or last day/s at the service and full fees will be charged.

Start Date:

	Monday AM PM	Tuesday AM PM	Wednesday AM PM	Thursday AM PM	Friday AM PM
Week 1 (Weekly Bookings):	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Week 2 (Fortnightly Bookings Only):	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Outside School Hours Care:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Fulltime – 10hr Scheme:	7.30am - 5.30pm <i>Please note that early drop off or late collection will incur a fee. As per our conditions.</i>				
Casual Care:	<input type="checkbox"/>				
Vacation Care:	<input type="checkbox"/>				

Enrolment Conditions

Please read and sign overleaf – Please note, in the below conditions we refer to the Young Mens Christian Association of WA as 'The Y'

1. A staff member must be notified of the arrival and departure of a child at the centre. All children are to be signed in and out by an authorized person.
2. All children must be collected from the centre by the centre's closing time. Due to staffing requirements, late fees apply to the collection of children after this time. A late fee of \$1.00 per minute will be charged every minute after closing time. This will be automatically added to your account and the fee will be paid to the educators on duty. If you are on the 10 hour scheme, a late free of \$1.00 per minute will be charged every minute outside of the 10 hour session.
3. Upon enrolment, fees are to be paid 2 weeks' in advance and maintained fortnightly in advance thereafter to ensure an ongoing enrolment at the centre. Two weeks written notice is required to permanently cancel any booking this includes permanent and casual bookings.
4. Child Care Subsidy (CCS) is available but until The Y receives notification from the Child Care Management System (CCMS), the Parent/Guardian will be responsible for the entire fee. I am aware that it is my responsibility to maintain a current Income

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Assessment Notice as well as my child(ren)'s Immunisations to continue to receive CCS. CCS is not payable for any absences occurring at the start or end of care or for any attendances where the child has not been signed in or out of care.

5. Payment in advance secures your child care placement, therefore payment is required whether your child attends care or not. This includes payment for sick days, public holidays and holidays. Fees are not payable when the centre is closed over the Christmas or New Year Period.
6. I give permission for the centre to transport my child(ren) who are enrolled for outside school hours' care (OSHC) to and/or from school (if applicable to the centre). On agreement to this permission I understand an additional Authority to transport form will need to be completed prior to my child's first booked day of care. However, I also understand that written permission will be sought from the centre for my child(ren) to be transported for events outside of previously mentioned OSHC service.
7. Any child suffering from an illness, which may, in any way be transferred to other children or staff, shall not be accepted into our care. Once such illness is diagnosed the parent/guardian shall be contacted and requested to resume responsibility for that child. Such illness may be (but not limited to) head lice, measles, chicken pox, mumps, cold sores, impetigo and conjunctivitis. The children will be accepted back into the centre upon provision of a clearance certificate from a medical practitioner. Fees are still payable during these periods.
8. Authorisation is given for medical attention to be sought for the child if required in an emergency. All medical and emergency transport expenses will be the responsibility of the parent/guardian should this be necessary.
9. No prescribed medication will be given to a child unless it is in the original packaging and with the written authority of the parent. No medication is to be left in the child's bag or to be self-administered. Non-prescription medication will only be administered when a letter is supplied and signed by a Cessation of care.
10. Any changes of my child's details. I.e. address, telephone number, medical needs or any other details that appear on the enrolment form must be made known and recorded with the Centre Director immediately on a change of address form.
11. The Y commits to the following in regards to your privacy. We commit to: retaining your information in a secure environment and will only provide essential information to our agents or service providers for the purpose of conducting our business or service with you; binding all staff, agents or service providers to our confidentiality agreements and our Privacy Policies; not sharing or selling your information to any third party for marketing purposes and not releasing information unless required by law to do so; providing you with a copy of our Policy document if you require it; explaining the reasons for collecting the information, how we use it, and the consequences of not having the information required. Non identifiable information is used for reporting and program improvement and may be provided to The Y National Office and other Y Associations and organisations which partner with The Y.
12. Please bear in mind The Y policy of payment in advance to avoid any overdue or debt collection fees. I understand that any fees incurred by a debt collection agency will be my responsibility for payment. Copies of these enrolment conditions are available for your records upon request.
13. Please note that a Debit Success agreement is the only form of payment accepted at The Y services. No enrolments will be accepted without these details. Your billing schedule can be arranged with your Centre Director. A dishonored payment may attract additional bank fees which the account holder is responsible for. Please be aware that if there is one dishonored payment care will automatically be cancelled until full payment has been received.
14. I understand that by providing my email address, correspondence such as account statements, newsletters, invitations to participate in procedural reviews and memos will be forwarded electronically.
15. I am aware that The Y has a responsibility to ensure that any incidents of suspected child maltreatment will be handled with respect and will be dealt with promptly and appropriately. Any allegation or disclosure of abuse, neglect or assault, including sexual assault, of an enrolled child will be reported to the Department of Child Protection.

How did you hear about us?

I have read, understood and agree to the enrolment conditions, including those contained within the parent handbook, policies, booking and charging practices. I understand that I can contact the Director if I have any questions relating to the Parent Enrolment Package.

Parent Name:

Signature:

Date:

All About Me

Please complete the information below to help our educators understand your child's needs.

Child's Surname:

Child's First Name:

Date of Birth:

Sex:

Babies

Is your child currently breastfed?

Yes No

Details:

Does your child use a bottle?

Yes No

Formula used:

What times are they due for a bottle?

Does your child eat solid foods?

Yes No

Details:

My child can:

Sit alone

Crawl

Walk

Eating

My child:

Enjoys eating

Needs encouragement

Is a fussy eater

Has to be fed

Food likes?

Food dislikes?

Can your child drink from a cup?

Yes No

Details:

Does your child have known allergies?

Yes No

E.g. foods, medicine, grass, sunscreen etc. If yes, please provide details.

Details:

Toileting

Is your child toilet trained?

Yes

No

If yes, which do they use?

Potty

Toilet

Are there any key words used with your child for toileting? Details:

Play preferences

To help staff settle your child on their first day please list play experiences your child enjoys.

Details:

Favourite Toys/Games?

Any fears or anxieties?

All About Me

Please complete the information below to help our educators understand your child's needs.

Sleep routine

Usual wake up time?

Usual evening bed time?

Usual nap time?

On waking my child is

Happy

Cuddly

Unsettled

Any special bedtime routines? Details:

General

Does your child speak any languages other than English? Yes No Details:

How would you describe your child's disposition? E.g., Happy, outgoing, shy, quiet, withdrawn, irritable, aggressive etc.

Details:

Any other information you think will assist the Educators caring for your child?