

# YMCA Service Delivery

## Early Learning Enrolment Form 2020



YMCA Centre: \_\_\_\_\_

### Your Child's Details

Child's Surname		Child's First Name					
Date of Birth		Gender					
Country of Birth		Centrelink CRN					
Address				Postcode			
Languages Spoken at Home							
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.				
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 and complete an Allergy Plan.
Details...			
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 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, Storypark and Social Media Pages, such as Facebook. 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:	
<i>Sun/Insect Protection and Nappy Cream application Authorisation - Sun protection policy available on request.</i> I authorise staff to apply sunscreen 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. I am aware that I need to supply my own nappy cream for my child.			
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

The information provided above is correct to the best of my knowledge.	Parent Signature		Date	
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<b>Office Use Only:</b>			
Copy of Birth Certificate provided		Original Birth Certificate sighted	
Copy of Immunisation		Copy of Custody Order	
Debit Success form completed		CRN of Parent and Child provided	

## Parent/Guardian Details

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

Parent 1 Full Name				Date of Birth	
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				Date of Birth	
Centrelink CRN			Occupation		
Home Address				Postcode	
Work Address				Postcode	
Mobile Phone		Home Phone		Work Phone	
Email Address					
Country of Birth			Languages spoken at home		

## 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 two contact names must be completed before enrolment commences.**

Name				Relation to Child	
Address					
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					
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								
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								
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

## Permission to Seek Medical Advice

Doctor's Name				Contact Number		
Address				Medicare Number		
Medical Insurance Fund				Insurance Number		
<p>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.</p>						
Parent Signature				Date		

## Requested Booking

Please indicate the days of care you require by ticking the boxes below. Once a booking is requested, two weeks written notice is required to cancel the booking without charge. Please be advised that Child Care Subsidy (CCS) is not 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		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Week 1 (Weekly Bookings)										
Week 2 (Fortnightly Bookings Only)										
Fulltime – 10hr Scheme	730am - 530pm		Please note that early drop off or late collection will incur a fee. As per our conditions.							
Casual Care	✓									

## Enrolment Conditions

### Please read and sign overleaf

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 authorised 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 two 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 YMCAWA receives notification from the Child Care Subsidy System (CCSS), the Parent/Guardian will be responsible for the entire fee. I am aware that it is my responsibility to maintain a current Income 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). However, I understand that written permission will be sought from the centre for my child(ren) to be transported for events outside of the 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 medical practitioner.
10. Any changes of my child's details. I.e. address, telephone number 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. YMCAWA 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 YMCA National Office and other YMCA Associations and organisations which partner with YMCAWA.
12. Please bear in mind the YMCAWA 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 YMCAWA 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 YMCAWA 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?**

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**I have read, understood and agree to the Parent Enrolment Package, including 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	

## Information for Child Care Professionals

Completed form to be given to your child's Educator



Child's Surname				Child's First Name			
Date of Birth				Gender			
<b>BABIES</b>							
Is your child currently breastfed?	Yes	No	Details...				
Does your child use a bottle?	Yes	No	Formula used...				
Does your child eat solid foods?	Yes	No	Details...				
My child can (please circle)	Sit alone		Crawl		Walk		
<b>EATING</b>							
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...							
<b>TOILETING</b>							
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...				
<b>PLAY PREFERENCES</b>							
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?			
<b>SLEEP ROUTINE</b>							
Usual wake up time?				Usual evening bed time?			
Usual nap time?				Any sleep time toys/blankets?			
On waking my child is	Happy		Cuddly		Unsettled		
Any special bedtime routines?	Details...						
<b>GENERAL</b>							
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?							

## Direct Debit Request - Authorisation Form

### Customer Details

Centre Name:	<input type="text"/>	Centre Account ID:	<input type="text"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Email Address:	<input type="text"/>		

### Select from the Following

New Account       Change Debit Limit       Change Account Details

### Payment Details

**Payment Limit Amount:**  *This is the maximum amount to deduct at each centre where a balance*  
\$.00 or Blank = No Limit

**Surcharge:**      Visa/MasterCard:       Bank Account:       Admin Fee:

**Payment frequency:**     Fortnightly     Monthly

**First Payment Date:**       /

(Minimum Surcharge of \$0.50 applies where surcharge amount is less than \$0.50)

### Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):

Account Name:

BSB Number:

Account Number:



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

### Credit Card

Please charge my payments to my:     Visa     MasterCard

Card number:                      -

Expiry Date:   /        Name on Card:

### Signature

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.

Authorising Signature (s)

Date

  /   /



## Terms and Conditions

### **DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT**

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

#### **INITIAL TERMS**

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 518466 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

#### **RELATIONSHIP**

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

#### **CLEARED FUNDS**

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. 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 when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

#### **VARIATIONS TO DEBIT TERMS**

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

#### **CANCELLING THESE DEBIT TERMS**

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

#### **NON WORKING DAY**

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

#### **DISHONoured PAYMENTS**

I/We acknowledge that:

(a) if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and

(b) Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

#### **ACCURACY OF INFORMATION**

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

#### **DISPUTES**

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

#### **OTHER AUTHORISATIONS**

I/We authorise:

(a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and

(b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

#### **INFORMATION SECURITY**

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

(a) to the extent specifically required by law; or

(b) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact  
Debitsuccess Pty Ltd.  
PO BOX 5567, Stafford Heights QLD 4053  
Phone: 1800 956 959  
E-mail: qkclients@debitsuccess.com