

YWCA
CANBERRA

School Age Care Enrolment Form 2017

Enrolment forms can be submitted online, or printed, scanned and emailed to:

childcareaccounts@ywca-canberra.org.au

Please ensure that you have read the Parent Enrolment Information prior to submitting the form.

Before School Care (BSC)		After School Care (ASC)	
Hours of Operation	7:30am-9:00am (Mon – Fri) 7:15am-9:00am (Charles Conder Only) 7:30am-9:00am (O'Connor, Mon-Thurs Only)	3:00pm-6:00pm (Mon – Fri) 3:00pm-6:00pm (O'Connor, Mon – Thurs Only)	
Primary School Programs	Charles Conder, Hawker, Islamic School of Canberra, Kingsford Smith, Lyneham, Macquarie, Majura, O'Connor Co-Op, Rosary, St Benedict's, Turner	Charles Conder, Hawker, Islamic School of Canberra Kingsford Smith, Lyneham, Macquarie, Majura, O'Connor Co-Op, Rosary, St Bede's, St Benedict's, St Thomas More's, Turner, Yarralumla	
Preschool Care (PSC)		Preschool Long Day Care (PSLDC)	
Charles Conder	BSC 7:15am-9:00am ASC 3:00pm-6:00pm (Mon – Fri)	Kingsford Smith	BSC 7:30am-9:00am ASC 3:00pm-6:00pm (Mon-Fri)
O'Connor Co-Op	BSC 7:30am-9:00am ASC 3:00pm-6:00pm (Mon-Thurs)	Turner	BSC 7:30am-9:00am ASC/PSC 3:00pm-6:00pm (Mon-Fri)
Preschool Long Day Care Sessions	1:00pm-3:00pm 1:00pm-6:00pm (Mon - Wed) 12:00pm-3:00pm 12:00pm-6:00pm (Thurs Only)	Preschool Long Day Care Sessions	Wednesday ONLY 9:00am-12:00pm 12:00pm-3:00pm 12:00pm-6:00pm

Fee Schedule

School Age Care Fees as of 1 January 2017:

Before School Care (BSC) 1.5hrs	Permanent \$18.00	Casual \$19.00
After School Care (ASC) 3hrs	Permanent \$28.00	Casual \$30.00
Preschool Care (PSC) 3hrs		
Preschool Long Day Care (PSLDC) 6hrs	Permanent \$52.00	Casual \$54.00
School Holiday Program (HC) 10hrs	\$75.00 daily (including all activities, incursions/excursions)	

Office Hours & Contact Information

Hours: 9:00am – 5:00pm Phone: 02 6180 5777

Street Address: Level 2, 71 Northbourne Avenue, Canberra ACT 2601

Postal Address: YWCA Canberra, GPO Box 767, Canberra ACT 2601

Email: childcareaccounts@ywca-canberra.org.au Website: www.ywca-canberra.org.au

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Parent/guardian, please ensure you complete all sections of this form.

Children's Details

Child 1

Given names: Surname:

Date of Birth: 2017 School Grade:

Child 2

Given names: Surname:

Date of Birth: 2017 School Grade:

Child 3

Given names: Surname:

Date of Birth: 2017 School Grade:

Parent/Guardian 1

Full name: Daytime contact no:

Parent/Guardian 2

Full name: Daytime contact no:

Name of the school your child attends:

School Age Care Booking Start Date:

Program Before School Care (BSC) After School Care (ASC) Preschool Care (PSC)
Preschool Long Day Care (PSLDC)

Charles Conder <input type="checkbox"/> BSC <input type="checkbox"/> ASC <input type="checkbox"/> PSC	Hawker <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Kingsford Smith <input type="checkbox"/> BSC <input type="checkbox"/> ASC <input type="checkbox"/> PSC	Lyneham <input type="checkbox"/> BSC <input type="checkbox"/> ASC
Macquarie <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Majura <input type="checkbox"/> BSC <input type="checkbox"/> ASC	O'Connor Co-Op <input type="checkbox"/> BSC <input type="checkbox"/> ASC <input type="checkbox"/> PSC	Mon-Wed <input type="checkbox"/> 1-3 <input type="checkbox"/> 1-6 Thurs <input type="checkbox"/> 12-3 <input type="checkbox"/> 12-6
Rosary <input type="checkbox"/> BSC <input type="checkbox"/> ASC	St Bede's <input type="checkbox"/> ASC	St Benedicts <input type="checkbox"/> BSC <input type="checkbox"/> ASC	St Thomas More's <input type="checkbox"/> ASC
Turner <input type="checkbox"/> BSC <input type="checkbox"/> ASC <input type="checkbox"/> PSC	PSLDC (Wed Only) <input type="checkbox"/> 9-12noon <input type="checkbox"/> 12-3pm <input type="checkbox"/> 12-6pm		Yarralumla <input type="checkbox"/> ASC
Islamic School of Canberra <input type="checkbox"/> BSC <input type="checkbox"/> ASC			

Staff use only

Child Health Record Sighted: Yes No N/A Date: Initials:

Care/court order attached: Yes No N/A Medical Action Plan attached: Yes No N/A

Anaphylaxis Action Plan: Yes No N/A Inclusion Support Request: Yes No N/A

Entered on QK/Copy for Program: Yes No (If yes, Health Care Card and diagnosis provided)



Child 1 – Confidential Details

Given names: Surname:

Date of birth: Gender: Male Female

Address:

Suburb: State: Postcode:

Child CRN:

(Each child has their own customer reference number – for more information contact the Department of Human Services on 136 150 or visit www.mychild.gov.au)

Does your child identify as:

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Other cultural background: N/A

Does your child speak another language other than English at home? No Yes (Please specify below)

Court Orders

Are there any court orders or parenting plans in place in relation to the child? No Yes (Please provide a copy)

Health

Does your child have any allergies, intolerances or dietary restrictions? *E.g. Foods, medicine, grass, sunscreen* No Yes*

Severity: Mild Moderate Severe Details:

*If yes, please provide a copy of any relevant medical documentation (including a Medical Action Plan) and details below

Does your child have any medical conditions? *E.g. Asthma, diabetes, epilepsy* No Yes*

Severity: Mild Moderate Severe Details:

*If yes, please attach a current (less than 12 months old) Medical Action Plan.

Has your child been diagnosed as at risk of anaphylaxis? No Yes*

*If yes, please provide a copy of any relevant medical documentation.

*If yes, please attach a current (less than 12 months old) Anaphylaxis Action Plan.

Does your child take any medication? *E.g. Ventolin* No Yes

*If yes please provide details in notes section on page 11.

Have you provided a copy of your child's current immunisation schedule? No Yes (Please provide a copy)

Has your child been diagnosed, or undergoing assessment for any medical, behavioural conditions and/or learning needs? No Yes

e.g. ADHA, Autism, Aspergers

*If yes please provide Health Care Card and copy of diagnosis.

If your child has a diagnosed disability, are there any routines or modifications at home that we should be aware of? No Yes*

*If yes please provide details in notes section on page 11.

Does your child require additional assistance in any of the following areas?

Learning Communication Mobility Interpersonal Other

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Child 2 – Confidential Details

Given names: Surname:

Date of birth: Gender: Male Female

Address:

Suburb: State: Postcode:

Child CRN:

(Each child has their own customer reference number – for more information contact the Department of Human Services on 136 150 or visit www.mychild.gov.au)

Does your child identify as:

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Other cultural background: N/A

Does your child speak another language other than English at home? No Yes (Please specify below)

Court Orders

Are there any court orders or parenting plans in place in relation to the child? No Yes (Please provide a copy)

Health

Does your child have any allergies, intolerances or dietary restrictions? *E.g. Foods, medicine, grass, sunscreen* No Yes*

Severity: Mild Moderate Severe Details:

*If yes, please provide a copy of any relevant medical documentation (including a Medical Action Plan) and details below

Does your child have any medical conditions? *E.g. Asthma, diabetes, epilepsy* No Yes*

Severity: Mild Moderate Severe Details:

*If yes, please attach a current (less than 12 months old) Medical Action Plan.

Has your child been diagnosed as at risk of anaphylaxis? No Yes*

*If yes, please provide a copy of any relevant medical documentation.

*If yes, please attach a current (less than 12 months old) Anaphylaxis Action Plan.

Does your child take any medication? *E.g. Ventolin* No Yes

*If yes please provide details in notes section on page 11.

Have you provided a copy of your child's current immunisation schedule? Yes No (Please provide a copy)

Has your child been diagnosed, or undergoing assessment for any medical, behavioural conditions and/or learning needs? No Yes*

e.g. ADHA, Autism, Aspergers

*If yes please provide Health Care Card and copy of diagnosis.

If your child has a diagnosed disability, are there any routines or modifications at home that we should be aware of? No Yes*

*If yes please provide details in notes section on page 11.

Does your child require additional assistance in any of the following areas?

Learning Communication Mobility Interpersonal Other

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Child 3 – Confidential Details

Given names: Surname:

Date of birth: Gender: Male Female

Address:

Suburb: State: Postcode:

Child CRN:

(Each child has their own customer reference number – for more information contact the Department of Human Services on 136 150 or visit www.mychild.gov.au)

Does your child identify as:

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Other cultural background: N/A

Does your child speak another language other than English at home? No Yes (Please specify below)

Court Orders

Are there any court orders or parenting plans in place in relation to the child? No Yes (Please provide a copy)

Health

Does your child have any allergies, intolerances or dietary restrictions? *E.g. Foods, medicine, grass, sunscreen* No Yes*

Severity: Mild Moderate Severe Details:

*If yes, please provide a copy of any relevant medical documentation (including a Medical Action Plan) and details below

Does your child have any medical conditions? *E.g. Asthma, diabetes, epilepsy* No Yes*

Severity: Mild Moderate Severe Details:

*If yes, please attach a current (less than 12 months old) Medical Action Plan.

Has your child been diagnosed as at risk of anaphylaxis? No Yes*

*If yes, please provide a copy of any relevant medical documentation.

*If yes, please attach a current (less than 12 months old) Anaphylaxis Action Plan.

Does your child take any medication? *E.g. Ventolin* No Yes

*If yes please provide details in notes section on page 11.

Have you provided a copy of your child's current immunisation schedule? Yes No (Please provide a copy)

Has your child been diagnosed, or undergoing assessment for any medical, behavioural conditions and/or learning needs? No Yes*

e.g. ADHA, Autism, Aspergers

*If yes please provide Health Care Card and copy of diagnosis).

If your child has a diagnosed disability, are there any routines or modifications at home that we should be aware of? No Yes*

*If yes please provide details in notes section on page 11.

Does your child require additional assistance in any of the following areas?

Learning Communication Mobility Interpersonal Other

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Parent/Guardian 1 Details

Given names: Surname:

Date of birth: Gender: Male Female

Relationship to child: Mother Father Other (please specify)

Email:

Address:

Suburb: State: Postcode:

Home phone: Mobile: Work phone:

Employment status:

Employed Occupation: Employer:

Seeking employment Studying/Training Carer

Are you the parent/guardian who receives the Child Care Benefit (CCB) and/or Child Care Rebate (CCR) through the Department of Human Services? Yes No

Customer Reference Number (CRN):

(CRN and DOB are essential to claim CCB and CCR. If you do not intend to claim CCB to reduce your fees, we still require your CRN to comply with government reporting requirements).

Parent/Guardian 2 Details

Given names: Surname:

Date of birth: Gender: Male Female

Relationship to child: Mother Father Other (please specify)

Email:

Address:

Suburb: State: Postcode:

Home phone: Mobile: Work phone:

Employment status:

Employed Occupation: Employer:

Seeking employment Studying/Training Carer

Are you the parent/guardian who receives the Child Care Benefit (CCB) and/or Child Care Rebate (CCR) through the Department of Human Services? Yes No

Customer Reference Number (CRN):

(CRN and DOB are essential to claim CCB and CCR. If you do not intend to claim CCB to reduce your fees, we still require your CRN to comply with government reporting requirements).



Authorised nominees

The authorised nominee is an individual who has been granted permission from the parent/guardian to collect the child, should the parent/guardian be unavailable or in the event of an emergency or accident. The authorised nominee must be over the age of 18 years and located in Canberra.

Please nominate at least one authorised nominee.

Authorised nominee 1

Given names: Surname:

Relationship to child: Gender: Male Female

Address:

Suburb: State: Postcode:

Home phone: Mobile: Work phone:

I give my permission for the above nominee to collect my child from care should the parent/guardians listed be unavailable.

Authorisation: Date:
(Print name)

Authorised nominee 2

Given names: Surname:

Relationship to child: Gender: Male Female

Address:

Suburb: State: Postcode:

Home phone: Mobile: Work phone:

I give my permission for the above nominee to collect my child from care should the parent/guardians listed be unavailable.

Authorisation: Date:
(Print name)

Medical Information

Name of doctor:

Address:

Suburb: State: Postcode:

Phone: Medicare number:

Do you have private health insurance, which covers your child? Yes No

If yes:

Name of fund: Membership number:

Do you have ambulance insurance? Yes No Membership number:

I give permission for the program to seek information and advice from the doctor/medical centre named above regarding any medical condition experienced by my child/ren: Yes No

Authorisation: Date:
(Print name)

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Booking Details:

Casual Booking <i>(Casual booking before and after school care is offered subject to availability, 24 hours notice is required to cancel)</i>	<input type="checkbox"/>
Permanent Weekly Booking	<input type="checkbox"/>
Permanent Fortnightly Booking	<input type="checkbox"/>

For permanent bookings, please tick the days you would like your child to attend the program below (fill out week 2 for fortnightly bookings **only**). Permanent enrolments are ongoing for the school year. We do not swap or suspend permanent bookings. Public holidays are charged during school term.

Ten business days written/email notification is required to cease or reduce permanent bookings. Written notification is required for all booking amendments, email childcareaccounts@ywca-canberra.org.au. Staff are not authorised to accept verbal changes.

Child's name	Before School Care					After School Care					
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	
1	Wk 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wk 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Wk 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wk 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Wk 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wk 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Account payment:

Name of person responsible for payment of account:

Email address for accounts:

Multiple children Child Care Benefit (CCB) % :

Number of children attending other external care programs

	Child 1	Child 2	Child 3
Surname:
Given name:
Date of birth:

Do you wish to claim the multiple CCB percentage for these children at this service? Yes No

I understand it is my responsibility to notify the Children's Services Accounts Team in writing should the number of children claiming the multiple CCB percentage change for my family.

Parent authorisation: Date:

(Print name)

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Authorisations

I/we authorise that I/ we have read and understood the YWCA Canberra Behaviour Management Policy and will adhere to the guidelines discussed therein. I/we acknowledge that I understand and will adhere to the consequences discussed in the policy if my child/ren has caused physical or emotional harm to another child, educator or visitor, has caused damage to property, equipment or resources or has caused significant disruption to the conduct of the program. Yes No

I/we authorise educators of the school age care program to share information about my child/ren with their primary school teacher: Yes No

I/ we authorise for my child/ren to participate in local incursions/ excursions (e.g. walks to local parks and sports ovals) under the supervision of educators (Permission will be requested for any excursions where transport is required): Yes No

In the event of an emergency situation, I/we authorise to my child/ren being provided with medical treatment from a registered medical practitioner, hospital or ambulance service: Yes No

I/we authorise to my child/ren being transported by ambulance to hospital if required. I/we agree to meet any medical and ambulance expenses incurred: Yes No

I/we authorise for my child/ren to be dropped off and collected from the program by those listed as parent/guardians and authorised nominees, and can be contacted in the event my child has an accident/ incident or illness: Yes No

I/we understand and accept that medication can only be administered to my child/ren when authorisation has been provided by the parent/guardian or authorised nominees detailed on this form (authorisation will not be accepted from any person not listed on this form): Yes No

I/we authorise the administration of a Ventolin/bronchodilator using an inhaling device if my child/ren should suddenly require one (i.e. collapse or difficulty breathing): Yes No

I/we authorise my child/ren being removed from the school age care program in the event of an emergency evacuation (families will be notified should this occur): Yes No

I/we authorise my child/ren having photographs taken for program displays, for recording observations and for future planning: Yes No

I/we consent for YWCA Canberra to take, record or use pictures, slides, quotes, or other materials owned by my child/ren, to use without compensation in productions, publications, on the web, social media and other printed or electronic materials related to the role and function of YWCA Canberra: Yes No

In accordance with Cancer Council recommendations, I/we consent for SPF 30+ sunscreen to be applied to all unprotected areas of my child/ren for outside play: Yes No

I/we authorise for my child to view G rated programs and play G rated computer games: Yes No

I/we are aware the Children's Services Policy and Procedure Manual and YWCA Canberra Policy and Procedure Manual is available at the program and can be accessed at any time: Yes No

I/we acknowledge that the School Age Care Information Booklet is available on the YWCA Canberra website and at the program. I/we understand that it is my responsibility to become familiar with this document, and by enrolling my children, I agree to abide by the conditions and obligations listed: Yes No

Parent authorisation: Date:
(Print name)

Parent authorisation: Date:
(Print name)

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Parent/Guardian Terms and Conditions

I and
(Insert Parent/Guardian names)

agree to the following terms and conditions:

1. I/we will pay all fees and charges by the due date for any account rendered, and understand that the accepted method of payment is via direct debit arrangements with Ezidebit or Bpay. I understand that in the event of financial hardship, special arrangements may be made following application to the Children Service's Accounts Manager. I/we understand that YWCA Canberra is entitled to the recovery of outstanding fees plus additional costs incurred to a collection agency for recovery action.
2. I/we understand that my booking/enrolment will be cancelled if the account remains outstanding and will be forwarded to a collection agency for recovery (unless prior arrangements have been made).
3. I/we indemnify YWCA Canberra and any person associated with the education and care service in relation to any claim for damages as a result of an accident, injury or trauma to my child/ren unless it is the direct result of negligence on the behalf of YWCA Canberra or associated persons.
4. I/we understand that a minimum of ten business days notice, in writing/email, is required to withdraw or change my child's permanent booking with the school age care service. 24 hour notice is required to cancel casual bookings.
5. I/we understand, that the Child Care Benefit and Child Care Rebate cannot be applied to my fees if my child/ren is absent on their first and last day(s) and full fees will apply.
6. I/we understand that the Child Care Benefit and Child Care Rebate can only be applied to my child/ren's first forty two (42) absence days, any additional absence days will be charged at full fees, unless 'additional absence' reasons apply and relevant supporting documentation is provided.
7. I/we will, where possible, notify YWCA Canberra if my child/ren will be absent from the service. This can be done via email at childcareaccounts@ywca-canberra.org.au or phone on 6180 5777.
8. I/we understand that a late fee of \$20.00 per child for every fifteen (15) minutes or part thereof will be charged for children picked up after 6:00pm.
9. I/we understand that a bond of \$50.00 per child for permanent bookings will be added to my first account. The bond is fully refundable when the child/ren leaves the service (on the conditions that two weeks notice is given to cancel the booking and the account is paid in full).
10. I/we understand that I will be charged for the days booked. In the event we do not use our booked days (due to changed plans, family holidays, and sickness), I understand that we are still required to pay for our booking. Public holidays during school term are charged.
11. I/we agree to show respect and courtesy in all dealings with YWCA Canberra staff and families and children of the program. I acknowledge any forms of discriminatory or threatening behaviour will not be accepted.
12. I/we acknowledge that if my child/ren attends Before School Care, they must be signed in by a parent/guardian/authorised nominee on arrival to the program, and will be signed out by an educator to go to school. I acknowledge that if my child attends After School Care, they will be signed in by an educator on arrival to the program and signed out by a parent/guardian/authorised nominee.
13. The information provided on this form is correct, and I understand that it is my responsibility to update details as required.

By ticking this box I/we acknowledge the terms and conditions above and confirmation of electronic signatures below.

Parent/ Guardian 1: Date:

Parent/ Guardian 2: Date:

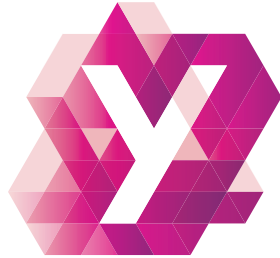


Notes:

Checklist

Please complete the below checklist prior to submitting the form:

- | | |
|--|---|
| Have you completed all sections of this form? | <input type="checkbox"/> Yes |
| Have you provided a copy of your child's immunisation schedule? | <input type="checkbox"/> Yes |
| Have you provided details of at least one authorised nominee? | <input type="checkbox"/> Yes |
| Have you provided details of any relevant medical condition? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes |
| Have you attached a current (less than 12 months old) Medical Action Plan? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes |
| Have you attached a current (less than 12 months old) Anaphylaxis Action Plan? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes |
| Have you attached relevant court order documentation? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes |



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Once this form is completed please
email to childcareaccounts@ywca-canberra.org.au

Phone: 02 6180 5777

Street Address:
Level 2, 71 Northbourne Avenue,
Canberra ACT 2601

Postal Address:
YWCA Canberra
GPO Box 767
Canberra ACT 2601
www.ywca-canberra.org.au

** Please note you will receive a confirmation email
stating that your form has been sent. If this does not
occur please re-submit.*