

**YWCA OF CANBERRA SCHOOL AGE CARE
ENROLMENT FORM 2010**

PLEASE ENSURE INFORMATION BOOKLET HAS BEEN READ BEFORE COMPLETING FORM

The following information is confidential. Please ensure the Program Manager is informed of any changes to information and any specific information regarding your child that may be relevant while attending the program.

Name of School child attends: _____ **Commencement date:** _____

Home Language: _____ **SAC Program:** _____
(Staff use only)

CHILDREN'S DETAILS

Full Name of Child	Address	Age	Sex	DOB	School Year

PERMANENT ATTENDANCE: Please tick the days that your child /children will be attending the program.

Full Name of Child	CRN:		Mon	Tues	Wed	Thu	Fri
		BSC					
		ASC					
		BSC					
		ASC					
		BSC					
		ASC					

CASUAL ATTENDANCE: Please ensure programs are provided with at least 24-hour notice for casual bookings

Full Name of Child	CRN:	Full Name of Child	CRN:

PARENT/GUARDIAN DETAILS

(1)

(2)

Name		
Date of Birth		
CRN		
Home Address		
Home Contact Number		
Place of Employment/Occupation		
Work Contact Number		
Mobile Contact Number		
Email Address		

NB: We have been advised by Children's Services for children's care and safety reasons to request the names of both parents/guardians. If this is a concern please discuss with the Director/Assistant Director.

Please send accounts to: email address postal address

AUTHORISED GUARDIANS/EMERGENCY CONTACTS

The following people are authorised to collect my child/children from the Program. The following people are emergency contacts for my child/children.

(1)

(2)

Name		
Relationship to Child / Family		
Home Address		
Home Contact Number		
Work Contact Number		
Mobile Contact Number		

Please add additional contact details on back of form, if required. Staff may request photo ID to confirm identity.

HEALTH/MEDICAL INFORMATION

Does your child/ren have any medical or physical conditions that staff need to be aware of? For example special dietary needs, allergies, disabilities, additional needs, etc. Please discuss with staff.

Child's Name	Condition	Action Plan

Is your child/children fully immunised as per the recommended schedule? YES / NO

Please attach record of your child/ren's immunisation history.

Family Doctor's Name: _____ Phone: _____

Address: _____ Medicare Number: _____

Medication will only be administered by staff under written authorisation.

Asthma Medication:

I hereby authorise that Ventolin (reliving medication) can be administered to my child in the event of an asthma attack or if my child appears to have difficulty breathing. YES / NO Initial: _____

Should my child/children require urgent medical attention, I give permission for the doctor/ambulance officer/staff to administer such treatment as shall be considered appropriate subject to any specific restrictions listed:

I agree to meet any expenses attached thereto. Initial: _____

In the case of an emergency, I agree for my child/children to be transported to hospital by ambulance at my expense. YES / NO Initial: _____

FAMILY INFORMATION

Are there any Care and Protection orders pertaining to this child/these children? YES / NO

If YES, does the Program have a copy of the documentation on file? YES / NO

Do you as a family, identify as Aboriginal or Torres Straight Islander, or with any other culture?

YES / NO If yes, please state: _____

Are there any cultural and/or religious festivals that your family observes?

Is there anything else that you would like to draw to our attention regarding your family?

PERMISSION

I am willing for my child/children to participate in all activities offered in the school age care program. YES / NO

Initial: _____

I agree it is my responsibility to familiarise myself with the program and to advise the staff in writing if I do not wish my child/children to participate in a particular activity. YES / NO Initial: _____

I give permission for staff to photograph my child/ren for the purpose of program displays and a means of recording activities. YES / NO Initial: _____

I give permission for my child/children to go for walks, excursions and visits away from the School Age Care Program under the supervision and care of staff. Advance notification will be provided of any events away from the program. YES / NO Initial: _ _____

I give permission for my child/children sign themselves out and leave the program unaccompanied by a parent / guardian or other authorised person, as stated on this form. Only recommended for older children. YES / NO Initial: _____

I have received a copy of the Information Booklet. I understand that it is my responsibility to become familiar with this document, and by enrolling my child/ren, I agree to abide by the conditions and obligations listed. I am also aware that the YWCA Policy and Procedure Manual and YWCA Children's Services Policy and Procedure Manual is available at the program for me to access at any time.

Signature: _____

Date: _____

**A bond fee of \$50.00 per child for permanent bookings, will be added to your first account.
(Fully refundable when 2 weeks notice is given and account is paid in full)**

YWCA of Canberra

Level 5, 161 London Circuit Canberra ACT 2601

GPO Box 767 Canberra ACT 2601

T: 02 6175 9900 F: 02 6175 9992

E: canberra@ywca-canberra.org.au