**Inner North East Adelaide YMCA**

**We build strong PEOPLE, strong FAMILIES, strong COMMUNITIES**

VACATION CARE ENROLMENT AND MEDICAL FORM

July 2020 – January 2021

*Please remember to update information with the YMCA if anything changes.*

*INEA YMCA is committed to the Safeguarding of Children and Young People. All participants will be obliged to comply with all Safeguarding Children and Young People Policy and practice standards as outlined on our website.*

***INEA YMCA is a nut free centre – please help us keep it this way.***

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| **Personal Details of Child** | |
| **Surname:** | |
| **Given names:** | |
| **Gender:** Male Female | **Date of birth:** **/****/** |
| **Is the child of Aboriginal or Torres Strait Islander descent?** Yes No | |
| **Languages spoken at home:** | |
| **School attended:** | |
| **If the child has not started school, please indicate start date**: **/****/** | |

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| **Parent/Guardian 1 Contact Details** | |
| **Surname:** | |
| **Given names:** | |
| **Relationship to child:** | **Mobile phone:** |
| **Home phone:** | **Work phone:** |
| **Address:** | |
| **Suburb:** | **Post code:** |
| **Does this person have permission to collect the child?** Yes No | |
| **Does the child normally live with this parent/guardian?** Yes No | |
| **Email address:** | |
| **Do you wish to join the email mailing list?** Yes No | |

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| **Parent/Guardian 2 Contact Details** | | |
| **Surname:** | | |
| **Given names:** | | |
| **Relationship to child:** | | **Mobile phone:** |
| **Home phone:** | | **Work phone:** |
| **Address (if different):** | | |
| **Suburb:** | | **Post code:** |
| **Does this person have permission to collect the child?** Yes No | | |
| **Does the child normally live with this parent/guardian?** Yes No | | |
| **Emergency Contacts (Other Than Listed Above)** | | |
| **1.** | **Name:** | |
| **Relationship:** | **Home phone:** |
| **Mobile phone:** | **Work phone:** |
| **Does this person have permission to collect the child?** Yes No | |
| **2.** | **Name:** | |
| **Relationship:** | **Home phone:** |
| **Mobile phone:** | **Work phone:** |
| **Does this person have permission to collect the child?** Yes No | |
| **3.** | **Name:** | |
| **Relationship:** | **Home phone:** |
| **Mobile phone:** | **Work phone:** |
| **Does this person have permission to collect the child?** Yes No | |

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| **Child Care Subsidy** | |
| **Do you wish to claim Child Care Subsidy (CCS):** Yes No | |
| **CCS can only be claimed if the details below are provided:** | |
| **Claiming parent’s name:** | **Claiming parent’s date of birth:** |
| **Claiming parent’s CRN:** | **Child’s CRN:** |

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| **Custodial Information** | |
| **Is there any custodial information relating to the child that we need to be aware of:** | Yes  No |
| **Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?** | Yes  No |
| **If yes, please provide details below. In the case of a court order being present, please attach a copy of the court order to this form:** | |

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| **Photography / Video** |
| **Do you consent to photographs/videos being taken of the child for viewing daily activities and display in the centre ONLY?:** Yes No  **Do you consent to photographs/videos being taken of the child for use on our Facebook?** Yes No  **Website?** Yes  No |
| Photographs and video footage would only be used within the centre as promotional material or as a tool for parents / guardians to view the daily activities. If you do not consent to photographs or video footage being used in this way, please select ‘no’ above. The items will not contain the child’s full name nor be used on any websites, television or in any distributed material; if material is to be used for this purpose; separate permission will be sought prior. |

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| **Medical Information** | |
| **Doctor / Medical clinic:** | |
| **Address:** | |
| **Phone:** | **Medicare number:** |
| **Ambulance cover:** Yes No | **Ambulance cover number:** |
| **Please note: In the case of a severe medical condition, a health plan must be completed by the child’s GP or specialist, and attached to this form.**  **Does the child have any of the following conditions:** | |
| **Impairments or disabilities?** (e.g. physical, mental, visual, hearing, behavioural, meotional etc)Yes No  **If yes, please provide details of condition and management:** | |
| **Relevant physical limitations or medical conditions?** (e.g. asthma, seizures, heart condition, diabetes, travel sickness, migraine, etc) Yes No  PLEASE SUPPLY AS MUCH INFORMATION AS POSSIBLE OR CARE PLANS, to assist with quality care.  **If yes, please provide details of symptoms and management:**   * **Physical limitation or medical condition:** * **Severity:** * **Trigger:** * **Reaction:** * **Treatment:** | |
| **Allergies?** (e.g. sunscreen, nuts, eggs, food colouring or additives, hair, etc)  Yes No   * **Trigger:** * **Reaction:** * **Treatment:**   Please see below regarding administration of medication. | |
| **Taking any medication whilst attending vacation care?** Yes No  If yes, a medication authority **MUST** be completed prior to attending.   * All medicines must be handed to staff with your child’s name, dosage and timing of administration. * Please do not allow your child to keep any medicine while at vacation care. * If it is necessary for the child to carry their own medication, it **MUST** be with the knowledge and permission of both the parent and staff on duty.   **Please provide details:** | |
| **Dietary restrictions / requirements?** Yes  No  **If yes, please provide details:** | |
| **Has the child been immunised?** Yes No | |

**What do families need to do for their CCS to start again ?**

Families who were getting CCS before 6th April 2020 , may not need to do anything as they have remained eligible. Their CCS will start again automaticly on 13th July.

Families should check their details, like their family income estimate for 202- - 21, to make sure they’re up to date

If families are new to child care they should look into CCS now and claim as soon s possible. If families continue using child care from 13th July 2020 but aren’t receiving CCS, they’ll need to pay full fees.

**How much CCS can I get**

How much CCS a family can get is based on their individual circumstances. You can find information aout eligibility and how much CCS families can get on the the

Services Australia – <http://servicesaustralia.gov.au/childcaresubsidy> website.

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| **General Information** |
| **Your child’s interests:**    **Your child’s hobbies** (if different to above)**:**    **Activities your child enjoys:**    **Activities your child doesn’t enjoy:**    **Any aims/reason for your child attending the program** (e.g. to meet new people, develop social skills, to be more active, to try new things, have fun with other kids, etc)**:**  **Any learning/developmental goals for your child to achieve** (e.g. improve sharing skills, improve social skills, appreciate nature, improve artistic skills, etc)**:** |

**Parent Guardian Declaration**

The information given above is accurate to the best of my knowledge. I have read, understood, and hereby agree to the terms and conditions of the service above and as outlined on the INEA YMCA website or available on request.

I authorise for the behaviour management policy to be applied to my child as deemed necessary by the staff of the YMCA, to ensure the safety and well-being of all participants in their care.

I give permission for my child to leave the centre to attend excursions for which they have enrolled and for other program activities.

I understand that in the case of an accident or emergency, every effort will be made to contact the parent/guardian prior to taking action or seeking treatment. However, in the event of the child receiving injuries or becoming ill and requiring urgent medial treatment, I authorise the care providers and staff to obtain medical assistance and agree to pay all medical and transport costs incurred on behalf of my child. I further authorise qualified practitioners to administer anaesthetic if the need arises.

I appreciate that while all due care is taken, neither the YMCA, its officers, leaders, staff and agents can be held responsible for personal injury or loss of property.

I, the undersigned, approve of the above enrolment and in doing so agree that the YMCA and its officers, leaders, staff and agents shall be released from and shall not incur, any responsibility or liability whatsoever for any accident or injury to the applicant or for any damage to or loss of property of the applicant.

**Full name:**

**Relationship to child:**

**Signature (printed version only):**

**By ticking this box, I agree to the declaration provided above:**

**Date:** //

*The YMCA acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in a YMCA children’s service, providing you with updated information and assisting us improve our services to you. The personal information collected is of the parents/ guardians and the child enrolled in the program. By completing this form, the YMCA accepts that the parents/ guardians of the child have consented for this information to be collected. The intended recipients of this information are the YMCA, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (amended 2001) and YMCA privacy policy. As part of your enrolment with the YMCA, you will receive information from time to time regarding our programs and services. The YMCA may also provide promotional material from our strategic partners, or any other third party, if you do not wish to receive this information please tick the ‘OPT OUT’ box below and return this to the YMCA. Your name will be removed from the mailing list within a reasonable period of time.* OPT OUT