



YWCA HUNTER REGION Inc.

Vacation Care Enrolment Form

ABN No. 72 582 209 745

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COOKS HILL NSW 2300
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Please complete this form on your child's first enrolment in vacation care each calendar year and whenever previously advised details change (eg. address, contact details, medical information, child pickup authorisation, etc).
All information in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.

CHILD 1

Surname

First name

Address

Postcode

Date of birth / / ☐ Male ☐ Female

CRN no.

School child attends

Nationality

Language/s spoken

Family's religion

Cultural, religious or dietary requirements (see also
Medical Information section – pages 3 & 4))

Aboriginal/Torres Strait Island ☐ Yes ☐ No
(Provision of this information is optional)

CHILD 3

Surname

First name

Address

Postcode

Date of birth / / ☐ Male ☐ Female

CRN no.

School child attends

Nationality

Language/s spoken

Family's religion

Cultural, religious or dietary requirements (see also
Medical Information section – pages 3 & 4)

Aboriginal/Torres Strait Island ☐ Yes ☐ No
(Provision of this information is optional)

CHILD 2

Surname

First name

Address

Postcode

Date of birth / / ☐ Male ☐ Female

CRN no.

School child attends

Nationality

Language/s spoken

Family's religion

Cultural, religious or dietary requirements (see also
Medical Information section – pages 3 & 4)

Aboriginal/Torres Strait Island ☐ Yes ☐ No
(Provision of this information is optional)

CHILD 4

Surname

First name

Address

Postcode

Date of birth / / ☐ Male ☐ Female

CRN no.

School child attends

Nationality

Language/s spoken

Family's religion

Cultural, religious or dietary requirements (see also
Medical Information section – pages 3 & 4)

Aboriginal/Torres Strait Island ☐ Yes ☐ No
(Provision of this information is optional)

PARENT/CAREGIVER 1

Surname

First name

Address

Postcode

Home telephone no.

Work telephone no.

Mobile telephone no.

Contact telephone during vacation care hours **(this number MUST be contactable whilst children are at the centre)**

Email address

Date of birth / / ☐ Male ☐ Female

CRN no.

Relationship to child

Authorised to pickup/drop off ☐ Yes ☐ No

PARENT/CAREGIVER 2

Surname

First name

Address

Postcode

Home telephone no.

Work telephone no.

Mobile telephone no.

Contact telephone during vacation care hours **(this number must be contactable whilst children are at the centre)**

Email address

Date of birth / / ☐ Male ☐ Female

CRN no.

Relationship to child

Authorised to pickup/drop off ☐ Yes ☐ No

EMERGENCY CONTACTS

I hereby authorise the staff of the centre to contact the following people, if I cannot be contacted (*please supply contact details for people other than the child's parents/carers listed above*)

CONTACT 1

Surname

First name

Address

Postcode

Home telephone no.

Work telephone no.

Mobile telephone no.

Relationship to child

Authorised to pickup/drop off ☐ Yes ☐ No

CONTACT 2

Surname

First name

Address

Postcode

Home telephone no.

Work telephone no.

Mobile telephone no.

Relationship to child

Authorised to pickup/drop off ☐ Yes ☐ No

NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency with your child or the centre.

AUTHORITY TO COLLECT

I hereby authorise the following people to collect my child from the centre

CONTACT 1

Surname

First name

Address

Postcode

Home telephone no.

Work telephone no.

Mobile telephone no.

Relationship to child

CONTACT 2

Surname

First name

Address

Postcode

Home telephone no.

Work telephone no.

Mobile telephone no.

Relationship to child

NOTE: It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the centre.

CUSTODY INFORMATION

Relationship status of parents/caregivers listed on page 2 –

☐ Married ☐ De Facto ☐ Separated ☐ Divorced ☐ Other -(details)

If separated or divorced please provide details of formal court orders, parenting orders or parenting plans and informal parenting arrangements in relation to your child/ren,(including details relating to access to your child/ren)

_____ (Child 1)

_____ (Child 2)

_____ (Child 3)

_____ (Child 4)

NOTE: The centre cannot enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the centre's Executive Director prior to enrolment.

MEDICAL INFORMATION (please complete separate Medical Information form)

Additional comments regarding your child/ren (eg. cultural or religious requests, behaviour issues, interests, etc)

AUTHORISATION AND APPROVAL (PERMISSION)

1. Permission for the application of sunscreen

I hereby give permission for staff to apply sunscreen to my child/ren before outdoor play activities.

2. Permission for photographs/videos to be taken

I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion.

Note: There are a number of reasons the centre takes photographs/videos of the children, including:

- To assist with evaluations of the program
- To use as part of promotion and publicity for the centre

3. Notification of arrival and departure of children at the centre

I agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day they attend the centre. Should it be necessary to collect my child/ren from vacation care prior to 4.00pm on a day that they are attending I will speak directly with the Nominated Supervisor or office staff when collecting my child/ren to advise their departure.

4. Absences

I agree to notify the centre if my child is absent on a day that they are booked in. I acknowledge that booking cancellations are not accepted. Changes to bookings are only available by selecting an alternate day of care if vacancies are available. Fees are based on booking of vacation care place not on attendance and therefore all absences and non-attendances are charged.

I have read the information contained in the Authorisation and Approval (Permission) section of this form and agree to give my permission. I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Signed:

Print name:

Date:

STATISTICAL INFORMATION

The Australian Government requires that we report statistical information regarding families and children using our vacation care service. Please answer the following questions in this regard:

PARENT/CAREGIVER 1

Occupation

☐ Employed full-time ☐ Employed part-time

Employer

Employment address

Postcode

Australian resident ☐ Yes ☐ No

Country of birth

Date arrived in Australia (if applicable) / /

Language/s spoken at home

Aboriginal/Torres Strait Island ☐ Yes ☐ No
(Provision of this information is optional)

PARENT/CAREGIVER 2

Occupation

☐ Employed full-time ☐ Employed part-time

Employer

Employment address

Postcode

Australian resident ☐ Yes ☐ No

Country of birth

Date arrived in Australia (if applicable) / /

Language/s spoken at home

Aboriginal/Torres Strait Island ☐ Yes ☐ No
(Provision of this information is optional)

Under the National Quality Framework for childcare YWCA Hunter Region Inc has developed a Quality Improvement Plan which is available in the office for viewing.