



Yangebup Family Centre Inc.

ENROLMENT FORM 2024

Office Use Only	Date:	Initial:
Program: Occasional Care <input type="checkbox"/> Pre-Kindy <input type="checkbox"/> Playgroup <input type="checkbox"/> Playclub <input type="checkbox"/> Creche <input type="checkbox"/> Other <input type="checkbox"/>		
Documentation received: Birth Certificate <input type="checkbox"/> Immunisation Statement <input type="checkbox"/> Other _____		
Entered: Xplor / MYOB <input type="checkbox"/> Xplor Invite <input type="checkbox"/> Records Updated (if required) <input type="checkbox"/>		

CHILD'S INFORMATION

Surname:	Given Names:	
Address:	Postcode:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/>	
Country of Birth:	Cultural Background:	
Language spoken at home:	Religion (if applicable):	
Does your family identify as Aboriginal and/or Torres Strait Islander origin?		
Medical Information: Allergies* <input type="checkbox"/> Asthma* <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <input type="checkbox"/>		
Details:		
*Please provide Anaphylaxis Allergy Plan or Asthma Plan. We will contact you to complete a Risk Minimisation & Communication Plan		
Dietary Requirements:		
Are there any custody arrangements or disputes? No <input type="checkbox"/> Yes <input type="checkbox"/> - please provide details/documents		
Details:		
Are there any court orders, parenting orders or plans? No <input type="checkbox"/> Yes <input type="checkbox"/> - please provide details/documents		
Details:		
Any other relevant information or additional needs:		

PARENT/GUARDIAN 1 INFORMATION

Surname:	Given Names:	
Address: <input type="checkbox"/> as above	Postcode:	
Phone Home:	Mobile:	Work:
Email:	Date of Birth:	
Place of Work/Study:	Occupation:	
Address of Work/Study:		

PARENT/GUARDIAN 2 INFORMATION

Surname:	Given Names:	
Address: <input type="checkbox"/> as above	Postcode:	
Phone Home:	Mobile:	Work:
Email:	Date of Birth:	
Place of Work/Study:	Occupation:	
Address of Work/Study:		



Yangebup Family Centre Inc.

ENROLMENT FORM 2024

DOCTOR AND MEDICAL AUTHORISATION

Child's Doctor:	Surgery:
Address:	Phone:
Medicare Number (if available):	
I hereby give permission to the Yangebup Family Centre Inc. to seek medical attention in the case of an emergency and agree to pay any expenses incurred for medical treatment and transport including ambulance.	
Signature Parent/Guardian:	Date:

SUNSCREEN AUTHORISATION

I hereby give permission to the Yangebup Family Centre Inc. to apply Coles Brand Sunscreen to my child's skin at least 20 minutes prior to outdoor activities in the afternoon. I understand that I am required to apply sunscreen to my child in the morning before attending the Centre and will ensure a sun safe hat is provided for outdoor play.

Signature Parent/Guardian:	Date:
----------------------------	-------

PHOTO AND VIDEO AUTHORISATION

Our program documentation requires the use of digital media which is available to parents on request. I acknowledge that staff at the Centre will take photographs and video footage of my child while at the Centre and these will be used for Centre displays and program documentation only.

I hereby give permission for my child to have images taken at the Yangebup Family Centre Inc. to be used for promotional purposes eg newsletter, flyers, website.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Signature of Parent/Guardian:	Date:

GENERAL AGREEMENT

I agree to abide by the policies and guidelines of the Yangebup Family Centre Inc.

I acknowledge that my child will not be accepted into care with signs of any communicable disease or condition which may prejudice the health of others.

I acknowledge that in the event of illness, or if my child becomes distressed, I will be contacted to collect my child from the Centre.

The following creams and ointments are used at the Centre: Coles Brand Sunscreen, Sudocrem, Bepanthen, Betadine, Savlon, Dettol, and Stingose. I will advise the service in writing if I do not permit these products to be applied to my child.

I acknowledge that medications will only be administered to my child when written authorisation is provided to the Centre.

If any information supplied on this enrolment form should change I will inform the Centre immediately.

I understand that I must stay at the Centre whilst my child is attending playgroup, playclub, crèche or other events and activities and that I am responsible for my child at all times.

I understand that my child will participate in any or all activities offered at the Centre. I agree it is my responsibility to familiarise myself with the program and to advise the staff in writing if I do not wish for my child to participate in a particular activity.

Signature of Parent/Guardian:	Date:
-------------------------------	-------

How did you first hear about the Yangebup Family Centre?

From a Friend <input type="checkbox"/>	Social Media <input type="checkbox"/>	Website <input type="checkbox"/>	Online Search <input type="checkbox"/>	Signage <input type="checkbox"/>
Flyer/Poster <input type="checkbox"/>	School Newsletter <input type="checkbox"/>	Community Event <input type="checkbox"/>	Other <input type="checkbox"/>	_____

The Yangebup Family Centre Inc is collecting the personal information on this form for the purpose of carrying out its business. Your personal information may be disclosed to other third parties as part of the provision of services or if required or authorised to do so by law. For further information, please refer to the Yangebup Family Centre Privacy Policy.



Yangebup Family Centre Inc.

ENROLMENT FORM 2024

ADDITIONAL INFORMATION – EARLY LEARNING PROGRAMS ONLY

Family CRN:	Child's CRN:
-------------	--------------

CONFIRMATION OF CHILD CARE AGREEMENT

To ensure that you are linked to the Centre and to have Child Care Subsidy (CCS) applied to your fees you must apply for assessment through mygov.

This is an enrolment agreement between the Yangebup Family Centre Inc and the Parent/Guardian listed on this form

Tick Option	
<input type="checkbox"/>	I wish to claim CCS (Complying Written Arrangement)
<input type="checkbox"/>	I do not wish to claim CCS – Please note this cannot be backdated (Relevant Arrangement)
<input type="checkbox"/>	Third party claiming CCS (Arrangement with Organisation)

I confirm;

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and end times of these sessions of care.
- That care may be provided on a routine, casual or flexible basis where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated in information provided by the Centre such as the fee policy, schedule, or handbook, which are subject to change over time.
- The Centre may change its fees and charges structure from time to time by providing at least 14 days written notice.

Signature of Parent/Guardian:	Date:
-------------------------------	-------

EMERGENCY CONTACTS AND AUTHORISATION TO COLLECT CHILD FROM CENTRE

Approved persons will be contacted in emergency situations when the parents/guardians are not available. Nominated contacts may be asked to provide proof of identity (e.g. driver's license) when collecting.

1 - Name:		Relationship to child:	
Address:		Postcode:	
Phone:	Email:		
2 - Name:		Relationship to child:	
Address:		Postcode:	
Phone:	Email:		
3 - Name:		Relationship to child:	
Address:		Postcode:	
Phone:	Email:		

IMMUNISATION DETAILS

To be eligible for Child Care Subsidy (CCS) and attend childcare your child must meet the current legislative immunisation requirements. If you have concerns regarding immunisation please discuss with your GP.

Is your child immunised? No ☐ - *please complete below Yes ☐ - please provide statement

No* ☐ But my child is on a catch-up schedule (please provide a copy)

Signature Parent/Guardian:	Date:
----------------------------	-------

COMMUNICATION VIA XPLOR PLAYGROUND APP

The Xplor Playground App allows you to see your child's daily activities including photos and observations. I hereby give permission for my child's image and information to be shared on the Xplor Playground App.

No ☐ Yes ☐

Signature Parent/Guardian:	Date:
----------------------------	-------



Yangebup Family Centre Inc.

FEE SCHEDULE - OCCASIONAL CARE AND PRE-KINDY ONLY

CHILD CARE SUBSIDY

To register for CCS, complete an online Child Care Subsidy assessment using your Centrelink online account through myGov. More information is available here www.servicesaustralia.gov.au

- Each child is entitled to 42 absent days per year.
- CCS is not payable for absences submitted before a child has started at a service, or after a child's final day of actual attendance at a service. Where a child is absent on the first day of care or the last day of care full fees will apply with no CCS.
- CCS ceases if 26 continuous weeks pass without the child attending a session of care at the service. The CCS can be reactivated when booking.

OCCASIONAL CARE FEES

Daily Fee: \$119 (from 8 January 2024)

Session Time: 8:30am – 3:30pm

Bookings can be made up to 2 weeks in advance. Fees must be paid prior to attendance.

Cancellations made after midday on the Occasional Care day prior to the booking will be recorded as an allowable absence and fees must still be paid.

Permanent placements, 2 weeks written notice must be given for cancellations or holidays. Any absent or sick days will be recorded as an allowable absence and fees must still be paid.

PRE-KINDY FEES

Daily Fee: \$83 (from 8 January 2024)

Session Time: 9:00am-2:30pm

Bookings are made on a term basis. Fees must be paid in advance. Any absent, holiday or sick days will be recorded as an allowable absence and fees must still be paid. Two weeks written notice must be given if you decide to withdraw your child from Pre-Kindy and fees are still payable for this period.

BEFORE AND AFTER PRE-KINDY AND HOLIDAY CARE

We will also be offering a Before and After Pre-Kindy and Holiday Care option. This will be offered in our Occasional Care room. This will be available on a term basis, we will not be taking weekly bookings. CCS will be applied if you are eligible.

CARE	TIME	FEE
Before Pre-Kindy Care	8.30-9.00am	\$12 / day
After Pre-Kindy Care	2.30-3.30pm	\$24 / day
Holiday Care	8.30-3.30pm	\$119 /day

Please tick applicable box;

- ☐ I would like to book for **BEFORE** Pre-Kindy Care
- ☐ I would like to book for **AFTER** Pre-Kindy Care
- ☐ I would like to book **HOLIDAY** Care

Child Name:

Pre-Kindy Day: