

# St Bede's School Age Care Enrolment Form 2023



YWCA CANBERRA

Save and email Enrolment Form to: [childcareaccounts@ywca-canberra.org.au](mailto:childcareaccounts@ywca-canberra.org.au)

## ST BEDE'S SCHOOL AGE CARE

**St Bede's Primary School**  
Hicks Street, Red Hill ACT 2603  
**Phone:** 0477 772 446  
**Childcare Accounts:** 6185 2040

**Hours of Operation (excluding Public Holidays and School Holidays):**  
**Before School Care:** 7:30am – 9:00am  
**After School Care:** 3:00pm – 6:00pm

## BOOKINGS

**Routine (weekly/fortnightly) Bookings:** Routine bookings are accepted two (2) weeks prior to a start date, subject to availability. Routine bookings are ongoing for the school year and cannot be swapped or suspended. Public Holidays or nonattendance at the program are charged during school term. Verbal booking changes or requests are not accepted.

**Casual Bookings:** Casual bookings can be made up to two (2) weeks in advance and are subject to availability. Bookings via email to: [childcareaccounts@ywca-canberra.org.au](mailto:childcareaccounts@ywca-canberra.org.au) Please note at least 24 hours' written notice is required to cancel a casual booking, to avoid charges.

**Cancellation or Changes to Bookings:** Two (2) weeks written notice is required for cancelling a routine booking or decreasing days. Re-enrolments are accepted up to two (2) weeks prior to a start date, places are subject to availability and cannot be processed at the time of cancelling or changing a routine booking.

**Child Care Subsidy (CCS):** Cessation of Care applies for any absences before the child's first physical day of attendance or for absences after the child's last physical day of attendance. No CCS will be applied for these days, full fees will be charged. A CCS enrolment will be ended by Centrelink for Child Care Subsidy purposes if a child does not attend a session of care for fourteen (14) continuous weeks. A new enrolment notice will be submitted to Centrelink by Childcare Accounts. The enrolment will need to be confirmed by the registered parent/guardian via myGov for CCS to apply.

## INFORMATION

**Absences:** Please notify Childcare Accounts via email of any absences: [childcareaccounts@ywca-canberra.org.au](mailto:childcareaccounts@ywca-canberra.org.au)

**Attendance Records:** It is a legal requirement for children to be signed in and out by parent/guardian or authorised nominee via our electronic 'QK Kiosk'. Attendance records not only indicate attendance at the service, but they are used in the case of any emergency including emergency evacuations or lockdowns.

**Behavioural Guidance:** Educators work with families to positively guide children's behaviour at the program. Our Behaviour Management Policy combines positive techniques for supporting appropriate behavior and relevant consequences for inappropriate behaviour. We do, however, reserve the right to cease a child's enrolment (in consultation with parents/guardians) when their behaviour continually threatens the positive and safe environment of the program.

**Bond:** A \$100 refundable bond per child is charged for routine bookings. Bonds are added to the first account and refunded towards the final account when a child ceases care.

**Childcare Accounts Team:** YWCA Childcare Accounts Team provides a vital link between clients and our Children's Services. The overarching function is to ensure compliance with federal government Child Care Subsidy systems and assist families with queries relating to attendance, enrolments/bookings and general enquiries.

**Eligibility:** St Bede's Primary School students attending Kindergarten to Year 6 are eligible to attend the program.

**Enrolment Forms:** Please email enrolment forms to Childcare Accounts for processing. Enrolments cease on the final day of term four (4) each year. It is a legal requirement to complete an enrolment form with current details.

Families are required to enroll and apply for positions annually, with places offered in the order enrolments are received by Childcare Accounts. Enrolment Forms are available from the YWCA Canberra website during term four (4) each year.

**Fee Payment:** Payment is via Debit Success for Direct Debits  
**Option 1:** Direct Debit from nominated bank account or  
**Option 2:** Credit Card (1.87% surcharge, per transaction).

**BPAY:** Biller Code & Reference Number appear on the bottom of each family statement.

**Credit Card:** One off payment (Visa and MasterCard) can be made by phone: 6185 2040. Fee payments are not accepted at programs.

**Food:** Nutritious snacks are provided for children attending after school care.

**Late Pickup Fee:** Programs close at 6:00pm, a late fee of \$20.00 per child for every 15 minutes or part thereof will apply for children collected after this time and will be added to the next statement.

**Medication:** If medication needs to be administered at the program, please complete a medication permission form available from the service.

**Sun Smart Service:** YWCA Canberra's School Age Care programs are Sun Smart Services. As per Sun Smart guidelines and sunscreen directions, sunscreen will be applied to children 20 minutes before sun exposure, to ensure children are protected from UV rays. Children and Educators are required to wear hats and apply sunscreen every day during the months of August through to the end of May.

**Valuables:** We recommend items of value are not brought into our School Age Care Services to prevent any loss/damage to these items.

## FEE SCHEDULE AS OF 1 JANUARY 2023

Before School Care:	After School Care:
Routine \$21.00 Casual \$22.00	Routine \$34.00 Casual \$36.00

## OFFICE HOURS AND CONTACT INFORMATION

**Hours:** 9:00am – 5:00pm      **Phone:** 02 6185 2040  
**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](mailto:childcareaccounts@ywca-canberra.org.au)      **Website:** [www.ywca-canberra.org.au](http://www.ywca-canberra.org.au)

## CHILDREN'S DETAILS:

### Child 1

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ 2023 School Year: \_\_\_\_\_

### Child 2

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ 2023 School Year: \_\_\_\_\_

### Child 3

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ 2023 School Year: \_\_\_\_\_

## PARENT / GUARDIAN DETAILS:

### Parent / Guardian #1

Name: \_\_\_\_\_ Daytime contact number: \_\_\_\_\_

### Parent / Guardian #2

Name: \_\_\_\_\_ Daytime contact number: \_\_\_\_\_

## COURT ORDERS

Are there any court orders or parenting plans in place in relation to:

**Child 1:** Yes No      **Child 2:** Yes No      **Child 3:** Yes No

If YES, please provide a copy of the Order/Plan with this form. The service **MUST** have a copy of the Order/Plan on file, and all staff at the Service will be made aware of the existence of such documentation.

## YWCA St Bede's School Age Care 2023 BOOKING DETAILS:

### Preferred start date:

Care Required:      Weekly      Fortnightly      Casual

**Complying Written Arrangement (CWA):** The below forms the basis of your CWA with our service.

For routine weekly and fortnightly bookings, please tick the days you would like your child to attend the program. **Routine bookings** are accepted two (2) weeks prior to a start date, subject to availability. Routine bookings are ongoing for the school year and cannot be swapped or suspended. Public holidays or nonattendance at the program are charged during school term. Verbal booking changes or requests are not accepted.

**Casual bookings** can be made up to two (2) weeks in advance and are subject to availability. Bookings via email to: [childcareaccounts@ywca-canberra.org.au](mailto:childcareaccounts@ywca-canberra.org.au) Please note at least 24 hours' written notice is required to cancel a casual booking, to avoid charges.

	Before School Care					After School Care				
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
<b>Child 1</b>	Wk 1									
	Wk 2									
<b>Child 2</b>	Wk 1									
	Wk 2									
<b>Child 3</b>	Wk 1									
	Wk 2									



**CHILD 1 – CONFIDENTIAL DETAILS:**

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Gender: Male Female Non-Binary  
 Residential address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Does your child identify as: Aboriginal Torres Strait Islander  Not Aboriginal nor Torres Strait Islander  
 Country of Birth: \_\_\_\_\_ Cultural Background: \_\_\_\_\_ N/A  
 Does your child speak another language other than English at home: No Yes If yes, please specify: \_\_\_\_\_

**HEALTH DETAILS:**

**Does your child suffer from, is undergoing assessment for, or has been diagnosed with, any of the following? Please tick all applicable and provide details. Please note, enrolments will not be accepted until appropriate medical action plans/diagnosis are provided. If your child has a medical diagnosis and/or action plan, a Risk Minimisation and Communication Plan will need to be completed with the Program Manager every 12 months to support the health and wellbeing of your child during their time at the service.**

- ADHD / ODD  
(Diagnosis **must be** attached)
- Anaphylaxis  
(Action Plan **must be** attached)
- Autism / Asperger's  
(Diagnosis **must be** attached)
- Dietary Requirements  
(Dietary restrictions or needs)
- Dyslexia
- Global Development Delay
- Hearing loss  Left ear  Right ear  Partial  Profound Details: \_\_\_\_\_
- Medical Conditions Severity:  Mild  Moderate  Severe Please Specify/ Details: \_\_\_\_\_  
(Asthma, Diabetes, Epilepsy etc.)  
(Action Plan **must be** attached)
- Medically Confirmed Allergies Severity:  Mild  Moderate  Severe Please Specify/ Details: \_\_\_\_\_  
(Foods, Medication, Insects, etc.)  
(Action Plan **must be** attached)
- Other Allergies  
(i.e. Hayfever, grass, pet hair)
- Visual impairment Glasses Prescribed Reading
- Other

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 specify:

Does your child take any medications: No Yes If yes, please specify:

Please note, medication to be administered at the Service must be provided in the original container, with your child's name on the pharmacy label, and will only be administered as per the instructions on the pharmacy label.

Is your child immunised: No Yes *Please attach a copy of your child's current immunisation schedule.*

If your child has not been medically vaccinated, they will be excluded from care during an outbreak of some infectious diseases (such as measles and pertussis), even if your child is well. Routine fees will still apply to your account during the period of time your child is excluded from care.

Does your child require additional assistance in any of the following:  Learning  Communication  Mobility  Interpersonal  Other

**Please provide details:**

**NOTES:**

Please include any relevant information about your child:

## CHILD 2 – CONFIDENTIAL DETAILS:

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Gender: Male Female Non-binary  
 Residential address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Does your child identify as: Aboriginal Torres Strait Islander Not Aboriginal nor Torres Strait Islander  
 Country of Birth: \_\_\_\_\_ Cultural Background: \_\_\_\_\_ N/A  
 Does your child speak another language other than English at home: No Yes If yes, please specify: \_\_\_\_\_

## HEALTH DETAILS:

**Does your child suffer from, is undergoing assessment for, or has been diagnosed with, any of the following? Please tick all applicable and provide details. Please note, enrolments will not be accepted until appropriate medical action plans/diagnosis are provided. If your child has a medical diagnosis and/or action plan, a Risk Minimisation and Communication Plan will need to be completed with the Program Manager every 12 months to support the health and wellbeing of your child during their time at the service.**

- ADHD / ODD  
 (Diagnosis **must be** attached)
- Anaphylaxis  
 (Action Plan **must be** attached)
- Autism / Asperger's  
 (Diagnosis **must be** attached)
- Dietary Requirements  
 (Dietary restrictions or needs)
- Dyslexia
- Global Development Delay
- Hearing loss      Left ear      Right ear      Partial      Profound      Details:
- Medical Conditions      Severity:      Mild      Moderate      Severe      Please Specify/ Details:  
 (Asthma, Diabetes, Epilepsy etc.)  
 (Action Plan **must be** attached)
- Medically Confirmed Allergies      Severity:      Mild      Moderate      Severe      Please Specify/ Details:  
 (Foods, Medication, Insects, etc.)  
 (Action Plan **must be** attached)
- Other Allergies  
 (i.e. Hayfever, grass, pet hair)
- Visual impairment      Glasses      Prescribed      Reading
- Other

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 specify:

Does your child take any medications:      No      Yes      If yes, please specify: \_\_\_\_\_

Please note, medication to be administered at the Service must be provided in the original container, with your child's name on the pharmacy label, and will only be administered as per the instructions on the pharmacy label.

Is your child immunised:      No      Yes      *Please attach a copy of your child's current immunisation schedule.*

If your child has not been medically vaccinated, they will be excluded from care during an outbreak of some infectious diseases (such as measles and pertussis), even if your child is well. Routine fees will still apply to your account during the period of time your child is excluded from care.

Does your child require additional assistance in any of the following:       Learning       Communication       Mobility       Interpersonal       Other

**Please provide details:**

## NOTES:

Please include any relevant information about your child:



### CHILD 3 – CONFIDENTIAL DETAILS:

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:    Male        Female        Non-Binary

Residential address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Does your child identify as:     Aboriginal     Torres Strait Islander     Not Aboriginal nor Torres Strait Islander

Country of Birth: \_\_\_\_\_ Cultural Background: \_\_\_\_\_ N/A

Does your child speak another language other than English at home:    No        Yes    If yes, please specify: \_\_\_\_\_

### HEALTH DETAILS:

**Does your child suffer from, is undergoing assessment for, or has been diagnosed with, any of the following? Please tick all applicable and provide details. Please note, enrolments will not be accepted until appropriate medical action plans/diagnosis are provided. If your child has a medical diagnosis and/or action plan, a Risk Minimisation and Communication Plan will need to be completed with the Program Manager every 12 months to support the health and wellbeing of your child during their time at the service.**

- ADHD / ODD  
(Diagnosis **must be** attached)
- Anaphylaxis  
(Action Plan **must be** attached)
- Autism / Asperger's  
(Diagnosis **must be** attached)
- Dietary Requirements  
(Dietary restrictions or needs)
- Dyslexia
- Global Development Delay
- Hearing loss                     Left ear     Right ear     Partial     Profound    Details: \_\_\_\_\_
- Medical Conditions            Severity:  Mild     Moderate     Severe    Please Specify/ Details:  
(Asthma, Diabetes, Epilepsy etc.)  
(Action Plan **must be** attached)
- Medically Confirmed Allergies    Severity:  Mild     Moderate     Severe    Please Specify/ Details:  
(Foods, Medication, Insects, etc.)  
(Action Plan **must be** attached)
- Other Allergies  
(i.e. Hayfever, grass, pet hair)
- Visual impairment             Glasses     Prescribed     Reading
- Other

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 specify: \_\_\_\_\_

Does your child take any medications:    No        Yes    If yes, please specify: \_\_\_\_\_

Please note, medication to be administered at the Service must be provided in the original container, with your child's name on the pharmacy label, and will only be administered as per the instructions on the pharmacy label.

Is your child immunised:    No        Yes    *Please attach a copy of your child's current immunisation schedule.*

If your child has not been medically vaccinated, they will be excluded from care during an outbreak of some infectious diseases (such as measles and pertussis), even if your child is well. Routine fees will still apply to your account during the period of time your child is excluded from care.

Does your child require additional assistance in any of the following:     Learning     Communication     Mobility     Interpersonal     Other

**Please provide details:** \_\_\_\_\_

### NOTES:

Please include any relevant information about your child: \_\_\_\_\_

## PARENT / GUARDIAN DETAILS:

### Parent / Guardian #1

Given Name:

Surname:

Relationship to child:

Email:

Date of birth:

Address:

Postcode:

Work Phone:

Home Phone:

Mobile:

Country of birth:

Language spoken at home:

Employed  Seeking Employment  Studying/Training  Carer

Occupation:

Employer:

### Parent / Guardian #2

Given Name:

Surname:

Relationship to child:

Email:

Date of birth:

Address:

Postcode:

Work Phone:

Home Phone:

Mobile:

Country of birth:

Language spoken at home:

Employed  Seeking Employment  Studying/Training  Carer

Occupation:

Employer:

## AUTHORISED NOMINEES:

An 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, accident/incident or illness. The authorised nominee must be over the age of 18 years and be located in close proximity to the service. Please nominate at least one authorised nominee.

### Nominee #1

Name:

Work phone:

Mobile:

Relationship to child:

Address:

#### I hereby authorise this nominee to:

- Collect the child/ren from the service
- Consent to administration of medication and medical treatment for the child/ren
- Consent to signing incident / illness reports

### Nominee #2

Name:

Work phone:

Mobile:

Relationship to child:

Address:

#### I hereby authorise this nominee to:

- Collect the child/ren from the service
- Consent to administration of medication and medical treatment for the child/ren
- Consent to signing incident / illness reports

## DECLARATION:

All details completed are correct as at the date below:

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:

## ACCOUNT PAYMENT:

Statements are issued fortnightly via email. Full payment must be received by the due date on each statement.

Name of person responsible for payment of account:

Email address for accounts:

## CHILD CARE SUBSIDY:

Child Care Subsidy is a single, means-tested subsidy from the Australian Government paid directly to providers and passed on to families as a fee reduction. Basic requirements must be satisfied to be eligible to receive Child Care Subsidy, visit [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) for eligibility requirements. To register, contact Services Australia by phoning 13 61 50 or [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Families are responsible for providing their child's and the registered parent/guardians Customer Reference Number (CRN) and dates of birth. Each registered parent/guardian and child have their own unique CRN. CCS cannot be applied to accounts until a successful CCS enrolment is made with Centrelink. If you are not registered for CCS, you will not receive any subsidy.

**When processing your booking, the Childcare Accounts Team will submit a CCS Enrolment to Centrelink which the registered parent/guardian will be required to approve via their myGov account prior to any Child Care Subsidy being applied.**

Are you eligible for Child Care Subsidy	Yes	No	If no, why?
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### CCS Registered Parent/Guardian

Registered Parent/Guardian Name:	CRN:	Date of birth:
Child 1 Name:	CRN:	Date of birth:
Child 2 Name:	CRN:	Date of birth:
Child 3 Name:	CRN:	Date of birth:

## MEDICAL AUTHORISATIONS:

**I hereby authorise the following medication to be administered to my child/ren:**

Ventolin in the event of an asthma attack or if child appears to have difficulty breathing.

*The service will endeavor to contact you prior to administering medication and ask to arrange collection of your child as per the Medical Conditions Policy.*

One (1) dosage of paracetamol in the event my child's body temperature rises above 38°C. If we understand staff will contact us and inform us paracetamol is being administered and discuss further action.

*The service will endeavor to contact you prior to administering medication and ask to arrange collection of your child as per the Medical Conditions Policy.*

Parent/Guardian Authorisation: \_\_\_\_\_

Date: \_\_\_\_\_

## MEDICAL INFORMATION:

Name of doctor:

Doctors phone number:

Doctors address:

Medicare Number:

Is your child covered by private health insurance?: Yes No

Is your child covered for ambulance insurance?: Yes No

Name of Fund:

Name of Fund:

Membership Number:

Membership Number:

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

Parent/Guardian Authorisation: \_\_\_\_\_

Date: \_\_\_\_\_

## AUTHORISATIONS:

I/we have read and understood the YWCA Canberra Behaviour Management Policy and will adhere to the guidelines set out in the policy. I/we acknowledge 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, or 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 ( <i>Permission will be requested for any excursions where transport is required</i> ):	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 my child/ren to be transported by ambulance to hospital if required. I/we agree to meet any medical and ambulance expenses incurred:	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 service 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/ren to view G rated programs and play G rated computer games:	Yes	No

**Parent/Guardian 1 Authorisation:**

Date:

**Parent/Guardian 2 Authorisation:**

Date:

## PRIVACY STATEMENT:

The information you provide on this form will be used by YWCA Canberra to facilitate your use of our services and programs, as well as the continuous improvement of School Age Care Programs. At all times your privacy will be protected, and your details will not be used for another purpose without your consent. For more information and a copy of YWCA Canberra's Privacy and Confidentiality Policy please contact YWCA Central Office 02 6185 2000 or email: [canberra@ywca-canberra.org.au](mailto:canberra@ywca-canberra.org.au)



## 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 the accepted method of payment is via direct debit arrangements with Debit Success or BPAY. I/we understand in the event of financial hardship, special arrangements may be made following application to Childcare Accounts. I/we understand YWCA Canberra is entitled to the recovery of outstanding fees plus additional costs (35%) incurred by a collection agency for recovery action.
2. I/we understand my booking/enrolment will be cancelled if the account remains outstanding and will be forwarded to a collection agency for recovery.
3. If my child has a medical diagnosis and/or action plan, I/we agree to work with the School Age Care Service Program Manager to develop a Risk Minimisation and Communication plan every 12 months to support the health and wellbeing of my child during their time at the Service.
4. 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.
5. I/we understand two (2) weeks written notice via email, is required for cancelling a routine booking or decreasing days. Re-enrolments are accepted up to two (2) weeks prior to a start date, places are subject to availability and cannot be processed at the time of cancelling/or changing a routine booking. At least twenty-four (24) hours' written notice is required to cancel a casual booking, to avoid charges.
6. I/we understand Child Care Subsidy cannot be applied to my fees if my child/ren are absent on their first and last day(s) and full fees will apply. I/we understand an enrolment will be ended by Centrelink for Child Care Subsidy purposes if a child does not attend a session of care for fourteen (14) continuous weeks. A new enrolment notice will be submitted by Childcare Accounts, I/we understand the registered parent/guardian is required to confirm the enrolment via myGov for CCS to apply.
7. I/we understand Child Care Subsidy is payable for up to forty-two (42) absence days for a child in a financial year for sessions of care a child is enrolled in and did not attend. Any additional absence days will be charged as full fees, unless additional absence reasons apply and relevant supporting documentation is provided. I/we understand in shared care arrangements (where separated parent/guardians both claim Child Care Subsidy), the 42 absences are allocated to the child, not each individual parent/guardian.
8. I/we will notify YWCA Canberra if my child/ren will be absent from the service, via email: [childcareaccounts@ywca-canberra.org.au](mailto:childcareaccounts@ywca-canberra.org.au)
9. I/we understand 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.
10. I/we understand a refundable bond of \$100.00 per child is charged for routine bookings. Bonds will be included on the first statement and credited towards the final account when a child ceases care.
11. I/we understand charges apply for booked days, routine bookings are ongoing for the school year, and cannot be swapped or suspended. In the event we do not use our booked days (i.e. due to changed plans, family holidays, and sickness), I/we understand normal fees apply. Public holidays are charged during school term.
12. I/we agree to show respect and courtesy in all dealings with YWCA Canberra staff, families and children. I/we acknowledge any forms of discriminatory or threatening behaviour will not be accepted.
13. I/we acknowledge 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/we acknowledge if my child/ren 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.
14. I/we are aware this enrolment form is for Before and After School Care ONLY. A separate enrolment form is required for each school holiday program throughout the year (if applicable).
15. I/we acknowledge the YWCA Canberra Children's Services Policies and Procedures Manual is available at the program and can be accessed at any time. I/we understand it is my responsibility to become familiar with these documents, and by enrolling my child/ren, I/we agree to abide by the conditions and obligations listed therein.
16. The information provided on this form is correct, and I/we understand 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**

Parent/Guardian 1:

Date:

Parent/Guardian 2:

Date:

Please save enrolment form to file, attach and email to: [childcareaccounts@ywca-canberra.org.au](mailto:childcareaccounts@ywca-canberra.org.au)