

# Winyu Childcare Centre Enrolment Form 2024

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

## Winyu Childcare Centre

Winyu Childcare Centre

Efkarpidis Street, Gungahlin 2912 ACT

Phone: 02 6185 2087 / 0478 005 608

Email: [winyu@ywca-canberra.org.au](mailto:winyu@ywca-canberra.org.au) Childcare

Accounts: 02 6185 2040

### Hours of Operation

Monday to Friday 7:30am-6:00pm (excluding Public Holidays)

(Closed during the Christmas shutdown, Public Holidays are charged)

## 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 calendar year, they cannot be swapped or suspended. Normal charges apply for public holidays that fall on routine booked days. All part-time bookings must be inclusive of a Monday or Friday in schedule. i.e. Monday, Tuesday Wednesday

### 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)

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 by Childcare Accounts, 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 a parent/guardian or authorised nominee via our electronic iQK Kiosk. Attendance records not only indicate attendance at the service, they are also used in the case of any emergency such as 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 behaviour and relevant consequences for inappropriate behaviour.

### 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.

### Enrolment Forms

Please email enrolment forms to Childcare Accounts. Families are required to enrol and apply for positions annually.

### Bond

A bond equivalent to one (1) week of full fees for the days of attendance, will be charged. Bonds will be included on the first statement and credited towards the final account when a child ceases care.

## Fee Payment

Payment is via Debit Success.

### Option 1

Direct Debit from nominated bank account or

### Option 2

Credit Card (2.03% surcharge, per transaction).

### BPAY

Bill 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 services.

### Food

Morning tea, lunch, afternoon tea and a late snack are provided.

### Late Pickup Fee

The service closes at 6:00pm, a late fee of \$30.00 per child for every fifteen (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 service, please complete a medication form available from the service.

### Sun Smart Service

YWCA Canberra's Early Childhood Services are Sun Smart Services. Children and educators are required to wear hats and apply sunscreen every day during the months of August through to the end of May.

## Fee Schedule as of 8 January 2024

Routine: \$144

Casual: \$147

## Office Hours and Contact Information

Hours: 9am - 5pm

Phone: 02 6185 2040

Email: [childcareaccounts@ywca-canberra.org.au](mailto:childcareaccounts@ywca-canberra.org.au)

Street Address: Level 2, 71 Northbourne Avenue, Canberra ACT 2601

Postal Address: YWCA Canberra, GPO Box 767, Canberra ACT 2601

Website: [ywca-canberra.org.au](http://ywca-canberra.org.au)

## Children's Details

### Child 1

Name:

Date of Birth:

### Child 2

Name:

Date of Birth:

### Child 3

Name:

Date of Birth:

## Parent / Guardian

### Parent / Guardian 1

Name:

Contact Number:

### Parent / Guardian 2

Name:

Contact Number:

## How did you hear about YWCA Canberra?

Word of mouth (family/friend)

Google/Google maps search

Social media

Signage at centre

Pamphlet

Through another YWCA Canberra Service

Other (please specify)

## Court Orders

Are there any court orders or parenting plans in place?

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.

## 2024 BOOKING DETAILS:

### Preferred Start Date:

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

**Routine bookings :** Routine bookings are accepted two (2) weeks prior to start date, subject to availability. Routine bookings are ongoing for the calendar year, they cannot be swapped or suspended. Normal charges apply for public holidays that fall on routine booked days.

**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 notice is required to cancel a casual booking, to avoid charges.

### Care Required

Weekly

Casual

Child	Mon	Tue	Wed	Thu	Fri
Child 1					
Child 2					
Child 3					

## Child 1 - Confidential Details

**Given Names:**

Date of Birth:

Residential Address:

Postcode:

Country of Birth:

Cultural Background:

N/A:

What language/s does your child speak?

**Surname:**

Gender:

Male

Female

Non-Binary

**Does your child identify as:**

Aboriginal

Torres Strait Islander

Not Aboriginal or Torres Strait Islander

What Mob/s does your family identify with?

### 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.

**Enrolments will not be accepted until appropriate medical actions plans/diagnosis are provided**
**ADHD / ODD**

 (Diagnosis **must be** attached)

**Anaphylaxis**

 (Action Plan **must be** attached)

**Autism / Aspergeris**

 (Diagnosis **must be** attached)

**Dietary Requirements**

(Dietary restrictions or needs)

**Dyslexia**
**Global Development Delay**
**Hearing Loss**

 Left Ear  
Right Ear

 Partial  
Profound

**Please specify details**
**Medical Conditions**

(Asthma, Diabetes, Epilepsy etc.)

 (Action Plan **must be** attached)

**Severity:**

 Mild  
Moderate  
Severe

**Please specify details**
**Medically Confirmed Allergies**

(Foods, medication, insects, etc.)

 (Action Plan **must be** attached)

**Severity:**

 Mild  
Moderate  
Severe

**Please specify details**
**Other Allergies**
**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:

 Yes  
No

**If Yes, please specify**

Does your child take any medications?

 Yes  
No

**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**
**Yes**

Please attach a copy of your child's current immunisation schedule.

No

**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 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:**

Date of Birth:

Residential Address:

Postcode:

Country of Birth:

Cultural Background:

N/A:

What language/s does your child speak?

**Surname:**

Gender:

Male

Female

Non-Binary

**Does your child identify as:**

Aboriginal

Torres Strait Islander

Not Aboriginal or Torres Strait Islander

What Mob/s does your family identify with?

### 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 / Aspergeris**

 (Diagnosis **must be** attached)

**Dietary Requirements**

(Dietary restrictions or needs)

**Dyslexia**
**Global Development Delay**
**Hearing Loss**

Left Ear

Right Ear

Partial

Profound

**Please specify details**
**Medical Conditions**

(Asthma, Diabetes, Epilepsy etc.)

 (Action Plan **must be** attached)

**Severity:**

Mild

Moderate

Severe

**Please specify details**
**Medically Confirmed Allergies**

(Foods, medication, insects, etc.)

 (Action Plan **must be** attached)

**Severity:**

Mild

Moderate

Severe

**Please specify details**
**Other Allergies**
**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:

Yes

No

**If Yes, please specify**

Does your child take any medications?

Yes

No

**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

Yes

Please attach a copy of your child's current immunisation schedule.

No

**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 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:**

Date of Birth:

Residential Address:

Postcode:

Country of Birth:

Cultural Background:

N/A:

What language/s does your child speak?

**Surname:**

Gender:

Male

Female

Non-Binary

**Does your child identify as:**

Aboriginal

Torres Strait Islander

Not Aboriginal or Torres Strait Islander

What Mob/s does your family identify with?

### 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 / Aspergeris**

(Diagnosis **must be** attached)

**Dietary Requirements**

(Dietary restrictions or needs)

**Dyslexia**

**Global Development Delay**

**Hearing Loss**

Left Ear

Patril

**Please specify details**

Right Ear

Profound

**Medical Conditions**

(Asthma, Diabetes, Epilepsy etc.)

(Action Plan **must be** attached)

**Severity:**

Mild

Moderate

Severe

**Please specify details**

**Medically Confirmed Allergies**

(Foods, medication, insects, etc.)

(Action Plan **must be** attached)

**Severity:**

Mild

Moderate

Severe

**Please specify details**

**Other Allergies**

**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:

Yes

No

**If Yes, please specify**

Does your child take any medications?

Yes

No

**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

Yes

Please attach a copy of your child's current immunisation schedule.

No

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 assistance in any of the following

Learning

**Please provide details**

Communication

Mobility

Interpersonal

Other

**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 Phone:

Country of Birth:

Language spoken at home:

Employed

Seeking employment

Studying/training

Carer

Occupation:

Employer:

Parent/Guardian #1

Given Name:

Surname:

Relationship to Child:

Email:

Date of Birth:

Address:

Postcode:

Work Phone:

Home Phone:

Mobile Phone:

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:

### 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 the administration of medication and medical treatment for the child/ren

Consent to signing incident / illness reports

### I hereby authorise this nominee to:

Collect the child/ren from the service

Consent to the 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:

Parent/Guardian Signature:

Date:

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/guardian's 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 a Child Care Subsidy?	Yes	If no, why?
	No	

Registered Parent/Guardian Name:	CRN:	Date of Birth:
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Child Name:	CRN:	Date of Birth:
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Child Name:	CRN:	Date of Birth:
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Child Name:	CRN:	Date of Birth:
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## Medical Authorisations

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

In this regulation the administration of medication to a child is authorised, if an authorisation to administer the medication

- 1) is recorded in the medication record for that child under regulation 92; or
- 2) in the case of an emergency, is given verbally by:
  - a) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
  - b) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

Parent/Guardian Authorisation:	Date:
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## MEDICAL INFORMATION:

Name of doctor:	Doctor's phone number:
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Doctor's address:

Medicare number:

Is your child covered by private health insurance?	Yes
	No

Name of Fund:

Membership Number:

Is your child covered for ambulance insurance?	Yes
	No

Name of Fund:

Membership Number:

I give permission for the service to seek information and advice from the doctor/medical centre name above regarding any medical condition	Yes
	No

experienced by my child/ren:

Parent/Guardian Authorisation	Date:
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## Authorisations

I/we authorise for my child/ren to participate in all activities offered by the early childhood service:	Yes No
I/we agree to familiarise myself with the service and advise staff in writing if I/we do not wish for my child/ren to participate in a particular activity:	Yes No
I/we have read and understood the YWCA Canberra Behaviour Management Policy and will adhere to the guidelines discussed therein. 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, has caused damage to property, equipment or resources or has caused significant disruption to the conduct of the service:	Yes No
In the event of an emergency situation, I/we authorise 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 give permission for YWCA Canberra to use the OWNA application to share information about my child's learning:	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 acknowledge the YWCA Canberra Children's Services Policies and Procedures are available on the YWCA Canberra website ( <a href="http://ywca-canberra.org.au">ywca-canberra.org.au</a> ). 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:	Yes No

Parent/Guardian 1 Authorisation:

Date:

Parent/Guardian 1 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)



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. 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.
4. I/we understand two (2) weeks written notice via email, is required for cancelling a routine booking or decreasing days. Reenrolments 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.
5. 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.
6. 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.
7. 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)
8. I/we understand a late fee of \$30.00 per child for every fifteen (15) minutes or part thereof will be charged for children picked up after the service closing time.
9. I/we understand a bond equivalent to one (1) weeks full fees for the days of attendance, will be charged. Bonds will be included on the first statement and credited towards the final account when a child ceases care.
10. I/we understand charges apply for booked days. Routine bookings are ongoing for the calendar 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 illness), I/we understand normal fees apply. Normal charges apply for all public holidays that fall on routine booked days.
11. 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.
12. The information provided on this form is correct, and I/we understand that 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)**