



# YMCA KidsClub

## ENROLMENT FORM



Cnr Oaklands Rd & Rosedale Ave, Morphettville, SA 5043  
P: 08 8294 6488 E: [marionleisure@ymca.org.au](mailto:marionleisure@ymca.org.au)  
f /MarionLeisure  
[marionleisure.ymca.org.au](http://marionleisure.ymca.org.au)

**MARION  
LEISURE  
& FITNESS  
CENTRE**



# ENROLMENT FORM

**YMCA South Australia  
KidsClub**

## Who is Attending

**Child A** Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?: ☐ Yes ☐ No

Date of Birth:

Age:

Sex:

**Child B** Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?: ☐ Yes ☐ No

Date of Birth:

Age:

Sex:

**Child C** Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?: ☐ Yes ☐ No

Date of Birth:

Age:

Sex:

**Child D** Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?: ☐ Yes ☐ No

Date of Birth:

Age:

Sex:

## Family Details

Your Contact Details: Please ensure that names provided are consistent with those registered with the Family Assistance Office.

Primary Parent/Guardian Name:

Relationship:

Date of Birth:

Contact Details: Phone (mobile):

(home):

(work):

Email:

Postal Address:

Post Code:

Aboriginal or Torres Strait Island Background?: ☐ Yes ☐ No

Is English your first language?: ☐ Yes ☐ No

If no, language spoken at home:

Secondary Parent/Guardian Name:

Relationship:

Date of Birth:

Contact Details: Phone (mobile):

(home):

(work):

Aboriginal or Torres Strait Island Background?: ☐ Yes ☐ No

Is English your first language?: ☐ Yes ☐ No

If no, language spoken at home:

## Medical Information

### Are the children you are enrolling immunised?

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

Please include diagnosed conditions as well as any conditions your children may be undergoing testing/diagnosis for. You will also need to provide any relevant information, action plans, and medication details that will enable us to adequately care for your children's individual needs. Regular medication will require a separate form available upon request.

### Have any of the children you are enrolling been diagnosed with disabilities?

(E.g. Autism Spectrum Disorder, vision or hearing impairment etc.)

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

Please provide details:

### Have any of the children you are enrolling been diagnosed with a Medical Condition?

(E.g. Asthma, fits/seizures, diabetes etc.)

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

Please provide details:

### Have any of the children you are enrolling been diagnosed with Allergies or Anaphylaxis?

(Please include the level of allergy, whether it be mild, moderate etc.)

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

Please provide details :

### Do any of the children you are enrolling have Behavioural Conditions?

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

Please provide details :

**Is there anything that the children you are enrolling cannot eat or participate in due to lifestyle or religious choices?**

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

Please provide details :

## Authorisations

The YMCA South Australia require emergency contacts in the event that the family guardians can't be reached. Authorisations can be added or removed at any time with written permission.

### Emergency Contacts

1. Full Name:

Relationship:

Phone (home):

(mobile):

☐ Collection

☐ Medical

2. Full Name:

Relationship:

Phone (home):

(mobile):

☐ Collection

☐ Medical

**Collection:** This gives the person permission to pick up children. They must over 18 years old and be available to pick up your child during the hours of care and be within a reasonable distance from the service.

**Medical:** This gives the person authority to consent to medical treatment for your children from a medical practitioner, hospital and/or ambulance service.

## Court Orders

### Are any of the children you are enrolling involved in a court order?

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

If so, please supply a copy /details for our records:

☐ Attached ☐ Not Attached

## Permissions

### I give the following consents to my children:

#### KidsClub Code of Conduct

I have received and read a copy of the KidsClub Code of Conduct and agree to be bound by the information and policies outlined by YMCA South Australia therein. Digital copies are available on our website.

☐ Yes ☐ No

#### First Aid

In case of medical emergency, I give permission to the KidsClub staff to provide first aid to my child / children in the event of accident or illness.

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

### Privacy Acknowledgement

I acknowledge the information provided herein by me is to be used by YMCA South Australia for the sole purpose of providing KidsClub for my children and the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my children is mandatory.

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

### Photography

To being photographed for the purposes of documentation and display within the service. Any photographs used publically will be permissioned on a case by case situation with a photograph release form.

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

### Face Painting

I allow my children to have their face painted during programmed activities.

Child A: ☐ Yes ☐ No

Child B: ☐ Yes ☐ No

Child C: ☐ Yes ☐ No

Child D: ☐ Yes ☐ No

## Disclaimer

☐ I hereby give permission for my children to attend YMCA South Australia KidsClub and agree to abide by YMCA South Australia's policies and guidelines.

☐ I hereby state that the above information supplied is correct and all information that may affect my children's care at YMCA South Australia has been included. I understand that enrolment in the service is conditional on the accuracy of the information supplied by me and that my children's participation may be terminated with no refund of the costs incurred if the information is found to be inaccurate or misleading.

☐ I understand that my responses to the above questions will be acted upon as I have directed and any alteration to this information made by me will need to be in writing.

☐ I understand that I consent to the transportation of my child by an ambulance service in the event of an emergency.

☐ I understand that all medical and transport costs are payable by myself and are my responsibility. I give consent for my child/ children's medical and enrolment details to be released to the Ambulance Service and admitting hospital.

Your Permission:

I \_\_\_\_\_ (the undersigned)  
have read all enrolment answers and conditions and agree to abide by them. I give permission for my children (as stated above) to attend YMCA South Australia KidsClub and will not hold YMCA South Australia, its staff or volunteers responsible for damages and/or loss of property and/or accident.

Date:

Please print out this form and submit in person.