



KINGSGROVE COMMUNITY AID CENTRE INC.
OUT OF SCHOOL HOURS ENROLMENT FORM
BEFORE SCHOOL, AFTER SCHOOL AND VACATION CARE SERVICES

1. CENTRE ATTENDED

HOOSH Hurstville Public School

2. DAYS ATTENDING (Before & After School Care)

Before School Care Mon Tue Wed Thu Fri

After School Care Mon Tue Wed Thu Fri

Commencement Date (For New enrolments)

3. CHILD'S DETAILS

Surname:		First Name:	
Date of Birth:		Country of Birth:	
Male / Female:		Child's Religion:	
School		Grade at school:	
		Child's CRN:	
Child's Primary Residential Address:		Calendar Year:	
Is the child of Aboriginal or Torres Strait Islander decent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. COURT ORDERS

Are there any current court orders in relation to your child? Yes No

Are there any current parenting orders in relation to your child? Yes No

Are there any currently parenting plans in relation to your child? Yes No

If you have answered YES any of the above questions, please provide details:

NOTE: The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.

Clause: Dear Parents it is your responsibility to always keep us updated with any information that changes in relation to your child's safety while they are in our care. Please update us regarding the following:

- Any Court orders that we need to be made aware of.
- Change of address and or mobile numbers of parents/carers.
- Change in the child's medication management.
- Change in the child's diet.
- Change in the authorised person picking up your child.

We will not be held responsible for information not provided or withheld by you from our records that jeopardised the safety of your child in our care.

5. PARENT / GUARDIAN DETAILS

Parent / Guardian 1 Name:

Surname:		First Name:	
Relationship to Child:		CRN:	
Date of Birth:		Country of Birth:	
Residential Address:		Home Phone Number:	
		Mobile Number:	
Employer:		Work Phone Number:	
Work Address:		Occupation:	

Employment Status Full-time Part-time Casual Not currently Working

Are you an Aust resident? Yes No Languages spoken at home:

Email Address:

Are you eligible to receive Child Care Subsidy (CCS)? Yes No

Number of children in other Child Care

Parent / Guardian 2 Name:

Surname:		First Name:	
Relationship to Child:		CRN:	
Date of Birth:		Country of Birth:	
Residential Address:		Home Phone Number:	
		Mobile Number:	
Employer:		Work Phone Number:	
Work Address:		Occupation:	

Employment Status Full-time Part-time Casual Not currently Working

Are you an Aust resident? Yes No Languages spoken at home:

Email Address:

Are you eligible to receive Child Care Subsidy (CCS)? Yes No

Number of children in other Child Care

6. EMERGENCY CONTACTS (OTHER THAN PARENTS)

I hereby authorise staff of the service to contact the following people, if I cannot be contacted, in the case of an emergency.

Contact #1

Surname:		First Name:	
Address:		Home Phone Number:	
		Mobile Number:	
Relationship to Child:		Work Phone Number:	

Contact #2

Surname:		First Name:	
Address:		Home Phone Number:	
		Mobile Number:	
Relationship to Child:		Work Phone Number:	

NOTE: It is important you inform the above people that you have included them as emergency contacts and that they may be contacted in an emergency, and be asked to collect your child when you cannot be contacted.

NOTE: Parents must follow the KCAC illness and infectious disease policy, found in the parent handbook.

7. ALTERNATIVE PICK-UP AUTHORISATION (Please attach photo ID)

The following people listed below have parental consent to collect the child from the OOSH Centre.

Please notify the OOSH Centre of any changes to this list.

Alternative Pick-Up #1

Surname:		First Name:	
Relationship to Child:		Contact Phone Number:	

Alternative Pick-Up #2

Surname:		First Name:	
Relationship to Child:		Contact Phone Number:	

Alternative Pick-Up #3

Surname:		First Name:	
Relationship to Child:		Contact Phone Number:	

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 service.

8. MEDICAL INFORMATION

DOCTOR'S INFORMATION

Family Doctor:		Phone Number:	
Suburb:		Medicare Number:	

MEDICAL INFORMATION

Does your child have any medical conditions?

Eg. Asthma, anaphylaxis, diabetes, allergies, additional needs diagnosis, etc Yes No

If YES, please provide details, including a copy of a medical management plan prepared by the child's doctor.

You will also need to complete and attach the:

- Centre Risk Management Plan;
- Medical Management Plan; and
- Risk Minimisation Plan

Does your child require any medication? Yes No

If YES, please provide details:

NOTE: Medication will only be administered in accordance with the services Medication Policy that you will be provided with.

IMMUNISATIONS

Has your child received the necessary immunisation for their age? Yes No

If YES, please attach a copy of the current Immunisation Record.

If NO, please complete and attach an Immunisation Exemption Conscientious Objection Form available from Medicare.

9. ALTERNATIVE MEDICAL AUTHORISATION (Please attach photo ID)

The following people listed below have parental consent to authorise medical treatment of, or to authorise the administration of medication to the child. Please notify the OOSH Centre of any changes to this list.

Alternative Medical Authorisation #1

Surname:		First Name:	
Relationship to Child:		Contact Phone Number:	
Signature:			

Alternative Medical Authorisation #2

Surname:		First Name:	
Relationship to Child:		Contact Phone Number:	
Signature:			

NOTE: It is important that you inform the above people that they may be asked to show identification when providing or administering medication to the child. Only those people to whom you have given authority will be permitted to provide medical instructions or administer medication to the child.

10. ALTERNATIVE EXCURSION AUTHORISATION (Please attach photo ID)

The following people listed below have parental consent to authorise an educator to take the child outside the education and care service premises.

Please notify the OOSH Centre of any changes to this list.

Alternative Excursion Authorisation #1

Surname:		First Name:	
Relationship to Child:		Contact Phone Number:	
Signature:			

Alternative Excursion Authorisation #2

Surname:		First Name:	
Relationship to Child:		Contact Phone Number:	
Signature:			

11. FOOD RESTRICTIONS

Are there any foods your child should not eat? Yes No

If YES, please provide details: and the reason eg. allergy / intolerance and how severe it is (they break out in a rash or use an EpiPen and ambulance required) or religious belief.

Does your child have any cultural / religious requirements or celebrations you would like to inform us of? Yes No

If YES, please provide details

12. AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: Please read carefully. If you do NOT give permission for any of the following, please cross it out and initial.

CONSENT FOR CHILDREN TO ATTEND BEFORE & AFTER SCHOOL & VACATION CARE (HOOSH Hurstville Public School)

I give consent for my child _____ to attend:

- The HOOSH before school care service which is conducted between the hours of 7:00am and 9:00am Monday to Friday during school term.
- The HOOSH after school care service which is conducted between the hours of 3:00pm and 6:00pm Monday to Friday during school term.
- **Vacation Care which is conducted between 7:00am and 6:00pm Mon to Fri during school holiday break.**

I understand that all due care will be taken by the OOSH Care Centre and that the Centre or Supervisors will not be held responsible for any loss or damage to property or injury occurring during the running of the OOSH Care Centre.

PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for my child to receive the following urgent treatments, as required:

- Medical; Dental; Hospital;
- Ambulance Service and transportation of the child by Ambulance.

I understand that if needed my child will be taken to hospital by ambulance and may or may not be accompanied by staff depending on the severity of the injury.

Signed: _____

PERMISSION FOR CHILD TO BE TRANSPORTED TO & FROM HURSTVILLE OSHC

(Not applicable for children attending Hurstville Public School)

I give permission to Hurstville OSHC to transport or to arrange transport for my child to and from Hurstville OSHC:

Signed: _____

PERMISSION TO ADMINISTER MEDICAL TREATMENT	
I give consent for my child to receive the following medical treatment:	
<ul style="list-style-type: none"> Antiseptic cream applied to wound / cut Alcohol swab applied to wound / cut Band Aid applied to wound / cut 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
CENTRE POLICY FOR ANAPHYLAXIS	
I understand that there are children who attend the Centre who are at risk of a life-threatening anaphylactic reaction. I understand that we have been asked not to send any peanut butter or food containing nuts with my child to the Centre. I am aware that this Centre is a Nut Free Zone.	
PERMISSION FOR THE APPLICATION OF SUNSCREEN	
I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.	
PERMISSION FOR PHOTOGRAPHS / VIDEOS TO BE TAKEN	
I hereby consent to my child being photographed / videoed while they are at the service or on an excursion. NOTE: <i>There are a number of reasons the service takes photographs / videos of the children, including:</i>	
<ul style="list-style-type: none"> Providing visual documentation for families to see what their child does throughout the day To assist with evaluations of the program To use as part promotion and publicity for the service 	
NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE	
I agree to have my child signed out of Before School Care and signed in on arrival at After School Care on the appropriate documentation by the educator each day they attend the service.	
CHILD ABSENCE	
I agree to notify the service if my child is absent on a day that they are booked in. NOTE: <i>If your child is absent from the service, a medical certification must be provided to explain absences. The service needs to record the amount of allowable and approved absences your child is entitled under Child Care Benefit legislation.</i>	
CONSENT FOR FORMAL AND INFORMAL EXCURSIONS	
I give consent for my child to be taken out of the OOSH Care Centre by the Educators for an informal excursion. I understand that informal excursions are those that are within walking distance of the Centre ie those that do not involve public or private transport.	
CONSENT FOR "G" or "PG" MOVIES	
I give consent for my child to watch and "G" or "PG" rated movies at the OOSH Centre.	

13. PAYMENT OF FEES	
HOLDING FEE	
An annual holding fee of \$25 per family is required to secure your child's placement. This fee is payable on initial enrolment AND each year subsequent that the service is required. This money is non-refundable and a child's placement in the service is not guaranteed until this holding fee is paid.	
EMERGENCY / CASUAL CARE	
Payments for emergency / casual care must be paid for on the day the care is provided. The cost of emergency / casual care is an additional \$5 above the usual rate.	
NOTICE OF DISCONTINUATION OF ATTENDANCE	
When you wish to discontinue and terminate your child care placement, you are required to provide two (2) weeks written notice to the Coordinator / Nominated Supervisor, or you are liable to pay the equivalent of two (2) weeks child care fees to the service. If a child is absent from care for more than four (4) weeks without prior notice to the OOSH Centre, they will automatically forfeit their placement. Fees for this period will still apply.	
ABSENCE FROM THE CHILD CARE CENTRE	
Fees are payable for bank / public holidays, family holidays and sick period if those days fall on a day that your child is booked into the service.	
NON-NOTIFICATION OF ABSENCE FEE – for After School Care ONLY	
If your child is going to be absent from After School Care, you are required to notify the coordinator via phone or text message prior to 2pm of the day of absence. If no notification is received, a fee of \$8 will be added to your account.	
SERVICE CLOSURE	
No fees will be charged whilst the service is closed over the Christmas period.	
LATE COLLECTION FEE	

Should children be present after the 6:00pm closing time, a late fee of \$30 per 15 minutes or part thereof.

VACATION CARE FEES

Fees for Vacation Care are to be paid in full prior to the commencement of Vacation Care.

Any outstanding fees from the previous term of previous Vacation Care periods must be paid in full prior to a booking for a current Vacation Care position.

PAYMENT OF FEES

As per the Parent Handbook, fees are to be paid weekly or fortnightly and must be kept up to date. Fees may be paid by electronic bank transfer, Ezydebit (via bank account of Credit Card); Eftpos; or Credit Card. No cash payments will be accepted. I understand that fees must be paid once invoiced within the stated due date, and that my child's place at the service may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

COSTS OF DEBT RECOVERY

I (The Parent / Guardian) expressly agree that I am liable for any recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Kingsgrove Community Aid Centre as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment specified in this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing, however, I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

14. DISCLAIMER / INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the service at its sole discretion.
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the service immediately in writing of there are any changes to the information provided by me in this enrolment records.
- When caring for my child the service will rely on the information provided by me in this enrolment record, in any Change Form and any other instructions / information (of any nature whatsoever) I give to the service.
- I am totally responsible for the accuracy of the information and my compliance with the Policies and Procedures.
- I am totally responsible for the suitability and actions of any person/s whom I authorise to visit, deliver, and / or collect my child to / from the service or any other place.
- I must first inform any Other Person/s about the Policies and Procedures and that they must strictly comply with them
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I / we will indemnify the service, its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any policies and Procedures and / or due to the inaccuracy of the information and or the act or omission of the Other Person/s.

15. MEMBERSHIP

The service is an Incorporated Association and as such, by enrolling my child in the service I agree to be bound by the rules of the Association for the period of my child's enrolment. I understand that as a member of the Incorporated Association, one representative of my child's family is entitled to voting rights at any General meeting held by the service and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

16. DECLARATION

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent and / or Guardian's

Full Name
(Please print)

Signature:

Date:



APCA ID 548466 | AFSL 338256

Direct Debit Request - Authorisation Form

Customer Details

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Email Address:	<input type="text"/>		

Select from the Following

New Account Change Debit Limit Change Account Details

Payment Details

Payment Limit Amount: This is the maximum amount to deduct at each centre where a balance occurs
\$1.00 or Bank + No Limit

Surcharge: Visa/MasterCard: 2.35% AMEX: 4.40% Bank Account: N/A Admin Fee: \$2.20

Payment frequency: Weekly (default) Fortnightly 4-Weekly Day of the week:

Monthly Day of the month:

First Payment Date: / /

Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):

Account Name:

BSB Number:

Account Number:



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 584, APCA User ID Number 548466 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

Credit Card

Please charge my payments to my: Visa MasterCard AMEX

Card number:

Expiry Date: / Name on Card:

Signature

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.

Authorising Signature (s)

Date

 / /



ABN 32 095 554 584
APCA ID 548466 | AFSL 338256

Terms and Conditions

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 554 584) APCA User ID 548466 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

RELATIONSHIP

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

NON WORKING DAY

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

DISHONOURD PAYMENTS

I/We acknowledge that:

- if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$44.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and
- Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:

- The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

- to the extent specifically required by law; or
- for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact
Debitsuccess Pty Ltd.
PO BOX 5567, Stafford Heights QLD 4053
Phone: 1800 956 959
E-mail: qkclients@debitsuccess.com