

Office Use Only:

Class: _____

Date of Commencement: _____

☐ Enrolled ☐ Formal ☐ Pending

Notes: _____

Date of Enrolment: _____

ENROLMENT FORM 2019

PART 1 – CHILD/FAMILY INFORMATION

Child's Full Name: _____ ☐ Male ☐ Female Date of Birth: _____

Home Address: _____ Please provide proof of age e.g. birth certificate

Postcode: _____ Age on Commencement: _____

Child's CRN: _____ Child's Medicare No.: _____

Cultural Background of Child's: _____

Indigenous Status: Aboriginal **NOT** Torres Strait Islander ☐
(please tick) Aboriginal **AND** Torres Strait Islander ☐

Torres Strait Island **NOT** Aboriginal ☐
NOT Aboriginal nor Torres Strait Islander ☐

DAYS OF ATTENDANCE (please circle): Monday Tuesday Wednesday Thursday Friday

Parent/Guardian No.1: _____

Relationship to Child: _____

Guardian No.1 Date of Birth: _____

Guardian No.1 CRN: _____

Address: _____

Telephone (H): _____

Mobile: _____

Occupation: _____

Workplace: _____

Telephone (W): _____

Email: _____

Family Medicare No.: _____

Health Care Card No.: _____
(Please attach copy)

Cultural Background: _____

Parent/Guardian No.2: _____

Relationship to Child: _____

Guardian No.2 Date of Birth: _____

Guardian No.2 CRN: _____

Address: _____

Telephone (H): _____

Mobile: _____

Occupation: _____

Workplace: _____

Telephone (W): _____

Email: _____

Family Medicare No.: _____

Health Care Card No.: _____
(Please attach copy)

Cultural Background: _____

Note: (please read and indicate accordingly): Under Australian Human Services Guidelines, the occupation of both parents must be provided. Please circle the category into which you fall. If one or both parents are working; please indicate your place of employment above. **Please note that (2) 'Working' can be on a part-time or full-time basis**

- (1) Child at Risk
- (2) Working/Training/Studying
- (3) All other children

Is your family eligible for Child Care Subsidy? Yes ☐ No ☐ **CCS%** _____ **Subsidised hours** _____

Which Parent/Guardian CRN is registered to claim CCS

(please tick) Guardian 1 ☐ Guardian 2 ☐

Please note: to be eligible for CCS, the registered parent/guardian has the liability to pay for the cost of your child care and must be the person responsible for paying the child care fees.

Please note: You must notify the Centre ASAP of any changes in circumstances which may affect your payments of CCS. For example: change in employment, family separation, level of activity. The Centre cannot guarantee backdating of payments if you fail to inform us of any changes.

PART 2 – ADDITIONAL & EMERGENCY INFORMATION

EMERGENCY CONTACT PERSON/S (OTHER THAN PARENTS)

Name:Relationship to Child:

Address:Telephone:

Name:Relationship to Child:

Address:Telephone:

Do you permit the above mentioned person/s to approve medical treatment, or to authorise administration of medication to the child; or transportation by ambulance service or excursion permission if we are unable to contact you? YES/NO

Do you permit the above mentioned person/s to approve any person who is authorised to authorise an educator to take the child outside the education and care service premises. YES/NO

AUTHORISED PERSON/S FOR DELIVERY & COLLECTION (OTHER THAN PARENTS) must show photo ID upon arrival

Name:Relationship to Child:

Address:Telephone:

Name:Relationship to Child:

Address:Telephone:

SIBLINGS IN CHILDCARE (FDC/OSHC/VACATION CARE)

Name:Centre:CCS % rate:

Name:Centre:CCS % rate:

Name:Centre:CCS % rate:

OTHER INFORMATION

Are there any custodial arrangements, current Court Orders or Parenting Plans which affect your child? YES/NO

(If YES, please provide a copy of the relevant documentation)

Nationality of Child/Family: Primary language spoken at home:

Would you like our educators to communicate in your primary language? YES/NO

(please provide key words on attached child profile)

Special Cultural or Religious Requirements:

.....

.....

IMMUNISATION

Has your child received all vaccinations relevant to his/her current age? YES/NO

(Please provide Immunisation History Statement upon enrolment. Contact 13HEALTH or available from www.humanservices.gov.au)

☐ Polio

☐ Tetanus

☐ Whooping Cough

☐ Diphtheria

☐ Hib

☐ Meningococcal

☐ Other

Staff member signature for sighted:

PART 3 – MEDICAL INFORMATION

CHILD’S MEDICAL HISTORY

Does your child suffer from any allergies? YES/NO

If YES, please provide details:

Does your child have any specific health care needs? (e.g. Epilepsy, Asthma, Anaphylaxis, Diabetes) YES/NO

(If YES, please indicate details below and provide your child’s FIRST AID ACTION PLAN, along with required medication [Ventolin inhaler, EpiPen etc] to be kept at the centre for use in an emergency):

Staff member signature for sighted

Does your child have any dietary requirements, food allergies or food intolerance? YES/NO

(Please indicate details below, provide your child’s medical practitioner, dietician or nutritionist’s plan, and sign the declaration below):

Staff member signature for sighted:

I authorise the Centre to display a photo of my child with stated allergy/intolerance to be displayed in the kitchen as a safety reference for staff use only.

Signed:

CHILD’S MILESTONE HISTORY

Has your child had a hearing test? YES/NO

Has your child had a vision test? YES/NO

Does your child attend speech therapy? YES/NO

If YES, please provide details:

Speech Pathology Clinic: Contact:

Does your child attend an Early Intervention Program? YES/NO

If YES, please provide details:

Name/Location of Program: Contact:

Does your child have any additional needs? YES/NO

If YES, please provide details:

Agency/Practitioner’s Name: Contact:

Does your child have a specific diagnosis? YES/NO

If YES, please provide details below and attach supporting medical documentation

Staff member signature for sighted:

Family Doctor: Practice:

Address: Telephone:

PART 4 – SIGNATURES

EMERGENCIES

In the event of an accident or illness requiring emergency medical treatment, treatment will commence first, then every effort will be made to contact the parents/carers as soon as possible. In these cases, it will be necessary for authority to be given for the treatment to be undertaken. This includes transport to an appropriate facility by car or ambulance. Parents are asked to complete and sign the following:-

I _____ authorise the staff of Riversdale Early Learning Centre to seek emergency medical treatment for my child _____ should this be necessary. This includes transport to the treatment centre (whether it is the doctor's surgery or hospital) by car or ambulance if necessary. Furthermore, I have read and agree to abide by conditions of use of the Centre and to accept such responsibility as enrolment at the centre imposes.

Signed: _____ Hospital I would like my child taken to: _____

EMERGENCY CONSENT STATEMENT

"I _____ (parent/guardian) consent to educators at Riversdale Early Learning Centre administering Ventolin and/or EpiPen injection for _____ (child's name) when this is considered reasonably necessary in an emergency".

Signed: _____

PARACETAMOL

As stated in the Parent Handbook, I understand that in an emergency situation only, Panadol Paracetamol as a temperature reducing medication will be administered on a once-only basis by staff of the Centre; and thereafter I will be responsible for consulting my medical practitioner. I hereby give my permission for the administration of the single dose.

Signed: _____

COMPLIANCE WITH HEALTH AND HYGIENE PRACTICES

I certify that I have read the relevant health and hygiene policies in operation at Riversdale Early Learning Centre (including those pertaining to medication and contagious illness) and that I agree to abide by these policies.

Signed: _____

PHOTOGRAPHS/WEBSITE

I give permission for Riversdale Early Learning Centre to take photographs of my child for the child's development portfolio, to display in my child's classroom and hallways of the centre and to appear on the centre's website as part of the daily correspondence.

Signed: _____

LOCAL OUTINGS

I hereby give my permission for the staff of Riversdale Early Learning Centre to take my child on local (walking only) outings. This permission is also to include visits to shows or fire drill practices that occur in the car park of the Centre, and sibling or other visits between classrooms. (Parents will receive a separate form for excursions not in the local area).

Signed: _____

AFTER SCHOOL CARE (need only be signed by After School Care Parents)

I recognise that, whilst every care will be taken in picking my child up from Bellevue Park State School for after school care, on occasions when I have failed to notify Riversdale Early Learning Centre, that my child is not at school, or my child has taken it upon themselves to make alternative after school arrangements, they will only be held responsible for those children who have come into their care (as represented by the after school care sign-on sheet).

Signed: _____

PART 5 – FEE INFORMATION

Please read the following terms and conditions regarding your obligations in relation to fees and payment at the Centre and accept by signing below:

An enrolment fee of \$50.00 is required upon submission of your enrolment form. Enrolment is only confirmed once the COMPLETED enrolment form, including ALL required attachments and the enrolment fee is received. This fee is non-refundable and is not a bond. Once paid, we supply your child with a Riversdale ELC kindy hat.

Fees are then payable WEEKLY from commencement by the Ezidebit Direct Debit payment system. If we are able to estimate what your weekly fee will be (less Child Care Subsidy - CCS) you will only need to pay this reduced amount. However, if your child does not attend the first day of intended enrolment, we are unable to claim CCS so full fees will be charged until the child physically attends the centre.

The day/s booked by yourself are especially reserved for your child. Therefore, normal fees apply to sick days, family holidays, public holidays or absences for any other reasons, and must be paid to keep your child's place open at the centre.

Because of the pressure on places at the Centre, families whose direct debit payments are declined for two consecutive weeks without prior and reasonable explanation will, upon warning, lose their place to other children on the waiting list.

Two full weeks' notice of cancellation of any or all booked days is required in writing. If the child does not attend the last two weeks of notice, CCS cannot be claimed and full fees will be charged for the final weeks of care (in accordance with the Child Care System Policy).

PART 6 – ACCEPTANCE & AGREEMENT

I certify that I have read and accept the above terms and conditions in relation to payment of fees at the Centre and I agree to abide by the conditions of enrolment as outlined in the Parent Handbook and Centre policies.

Parent/Guardian No.1 Name: _____ Date:_____

Signature: _____

Parent/Guardian No.2 Name: _____ Date:_____

Signature: _____

We would like to welcome you to Riversdale Early Learning Centre and we thank you for entrusting us to care for your child.

We hope your child will enjoy many happy and treasured moments here and that your journey with us will be a long and happy one.



PRE COMMENCEMENT CHECKLIST

Please ensure you have completed each section of the enrolment form and have included the following attachments:

- | | |
|--|--------------------------|
| ▪ Copy of Child's Birth Certificate..... | <input type="checkbox"/> |
| ▪ A current headshot photograph of child to be enrolled | <input type="checkbox"/> |
| ▪ Copy of your current Health Care Card (<i>if applicable</i>)..... | <input type="checkbox"/> |
| ▪ Copy of ACCS Transition to work approval letter (<i>if applicable</i>)..... | <input type="checkbox"/> |
| ▪ Copy of Custodial arrangements, current Court Orders or Parenting Plans (<i>if applicable</i>)..... | <input type="checkbox"/> |
| ▪ Child's Immunisation History Statement..... | <input type="checkbox"/> |
| ▪ Child's Health Record e.g. details of previous illness or injury specific diagnosis, etc (<i>if applicable</i>)..... | <input type="checkbox"/> |
| ▪ First Aid Action Plan, Asthmas Plan or Anaphylaxis Management Plan (<i>if applicable</i>)..... | <input type="checkbox"/> |
| ▪ Dietician's or Nutritionist's Plan (<i>if applicable</i>)..... | <input type="checkbox"/> |
| ▪ Ezidebit Direct Debit Request Form..... | <input type="checkbox"/> |

INFORMATION ABOUT YOUR FEES

Fees at Riversdale Early Learning Centre are paid WEEKLY via Ezidebit direct debit (default of agreed payments for 2 consecutive weeks will result in your child's days being forfeited). If you are eligible, we estimate your fees to include your Child Care Subsidy in advance. You will only need to pay the gap in outstanding fees.

IMPORTANT: Please ensure that you have been in contact with the Centrelink (formerly Family Assistance Office) before you start care. Ask to be assessed for Child Care Subsidy (CCS).

Child Care Subsidy (CCS)

Helps with the cost of child care such as long, family or occasional day care, outside school hour care, vacation care, pre-school and kindergarten.

Eligibility Basics

- use approved or registered child care
- be responsible for paying the child care fees
- have immunised your child

Child Care Subsidy Hours (Activity Level of Parents)

The number of hours of subsidised care families can access will be determined by an activity test. The parent or guardian with the lowest hours of activity per fortnight will determine the hours of subsidised care. Subsidised hours are up to a maximum of 100 hours **per fortnight per child**.

Eligibility basics

- paid work – including leave, such as maternity leave
- study and training
- unpaid work in family business
- looking for work
- volunteering
- self-employment
- other activities on a case-by-case basis

For more information: [contact Centrelink on 136150 or visit education.gov.au/childcare](https://www.education.gov.au/childcare)



Benowa Early Learning Centre

Ph: 07 5597 3844



ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN, * Indicates a MANDATORY FIELD

Business: Childcare Centres of Excellence Pty Ltd ABN/ACN: 84 162 693 567 **BE3 GEN 36475**

Customer Reference:

*Surname: *Given Name:

*Mobile #:

*Email:

*Address:

*Suburb: *State: *Postcode:

DEBIT ARRANGEMENT | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

I/We authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969, 303909, 301203, 234040, 234072, 428198) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by Childcare Centres of Excellence Pty Ltd ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.4).

Start Date: / / Weekly Debit Amount = Balance Due

Max Debit Amt: \$

Administration Fee (once only): \$2.20

Bank Account Transaction Fee: Paid by business

Credit Card Transaction Fee:

VISA/MasterCard: 1.87% (Min 50.88)
AMEX/Diners: 4.4% (Min 50.88)

CHOOSE YOUR PAYMENT METHOD

☐ Debit from Credit Card

☐ VISA ☐ MasterCard ☐ AMEX ☐ Diners

Card Number: Expiry Date: / /

Name of Cardholder:

By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/We acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

☐ Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: Account Number:

Account Holder Name:

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.4) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.4) and I/We have read and understand same.

Signature(s) of Nominated Account:

Date: / /

DDR Service Agreement (Ver 1.3)



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.4)

DDR Service Agreement (Ver 1.3)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969, 303909, 301203, 234040, 234072, 428198) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/We will contact my/our financial institution if I/We are uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, 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, I/We agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

- (1) there is a public or bank holiday on the day of the debit, or any day after the debit date;
- (2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
- (3) a payment request is received after normal Ezidebit cut off times, being 4:00pm Queensland time, Monday to Friday.

Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/We will contact the Business if I/We wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/We agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

You appoint Ezidebit as your exclusive agent with regard to the control, management and protection of your personal information (relating to the Business and contained in this DDR Service Agreement). You irrevocably authorise Ezidebit to take all necessary action (which we deem necessary) to protect your personal information, including (but not limited to) prohibiting the release to or access by third parties without our consent.

You hereby irrevocably authorise, direct and instruct any third party who holds/stores keeps your personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on our written request.

Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www.ezidebit.com.au

I/We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We authorise:

- a) Ezidebit to verify details of my/our account with my/our financial institution; and
- b) my/our financial institution to release information allowing Ezidebit to verify my/our account details

Po Box 3327
Newstead, QLD 4006
Ph: (07) 3124 5500 Fax: (07) 3124 5555

DDR Service Agreement (Ver 1.4)

To assist your child's educators, please complete the following Child Profile:

Child's Name:	D.O.B.:	Gender:
Parent's Name/s:		
Sibling's Name/s:		
Family's Cultural/Ethnic Heritage:		
Family's Special Customs or Traditions:		
Language/s Spoken at Home:		
If child has English as their second language, please list the following key words in your language.	Food: Drink: Toilet:	
What interests, talents, and cultural abilities do you have that may be relevant to our program and are you interested in sharing your skills with our children?	Yes/No Details:	
What interests does your child have?		
What has your child recently achieved? i.e. greets others, makes bed, etc.		
What would you like your child to achieve in the next 6 months?		
Are there any special circumstances or considerations affecting your child that we should know about?:	Yes/No Details:	
Does your child have any fears. i.e. storms, water, balloons?	Yes/No Details:	
Does your child separate easily?		
Is your child toilet trained?		
Does your child have a comforter? i.e. a blanket or special toy?		
Any other comments:		

