

**Office Use Only:**

Class: \_\_\_\_\_

Date of Commencement: \_\_\_\_\_

Enrolled  Formal  Pending

Notes: \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_

# ENROLMENT FORM 2020 – School Age

## **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:** (please tick) Aboriginal **NOT** Torres Strait Islander  Torres Strait Island **NOT** Aboriginal   
Aboriginal **AND** Torres Strait Islander  **NOT** Aboriginal nor Torres Strait Islander

### **SESSIONS & DAYS OF ATTENDANCE** (please circle):

**Before School Care:** Monday Tuesday Wednesday Thursday Friday

**After School Care:** Monday Tuesday Wednesday Thursday Friday

**Vacation Care:** For Vacation Care, a separate booking slip will be available approximately 4 weeks prior to each holiday period.

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: 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**

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**EMERGENCY CONTACT PERSON/S (OTHER THAN PARENTS) Must be over the age of 18 years**

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

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**AUTHORISED PERSON/S FOR DELIVERY & COLLECTION (OTHER THAN PARENTS) must show photo ID upon arrival**  
**Must be over the age of 18 years**

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: .....

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**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: .....**  
.....  
.....

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**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](http://www.humanservices.gov.au))

Polio       Tetanus       Whooping Cough       Diphtheria       Hib       Meningococcal       Other

Staff member signature for sighted:

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# PART 3 – MEDICAL INFORMATION

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## 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: \_\_\_\_\_

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## 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

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Staff member signature for sighted:

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**Family Doctor:** ..... **Practice:** .....

**Address:** ..... **Telephone:** .....

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## **PART 4 – SIGNATURES**

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### **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 Benowa 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: \_\_\_\_\_

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### **EMERGENCY CONSENT STATEMENT**

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

Signed: \_\_\_\_\_

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### **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: \_\_\_\_\_

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### **COMPLIANCE WITH HEALTH AND HYGIENE PRACTICES**

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

Signed: \_\_\_\_\_

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### **PHOTOGRAPHS/WEBSITE**

I give permission for Benowa 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: \_\_\_\_\_

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### **LOCAL OUTINGS**

I hereby give my permission for the staff of Benowa 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: \_\_\_\_\_

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### **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 Benowa 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: \_\_\_\_\_

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## **PART 5 – FEE INFORMATION**

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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 Benowa 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**

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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: \_\_\_\_\_

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**We would like to welcome you to Benowa 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

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

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

## INFORMATION ABOUT YOUR FEES

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Fees at Benowa 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 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



# Benowa Early Learning Centre



ACN 601 396 543 | Authorised Representative under AFSL 315388

## DIRECT DEBIT REQUEST

PH: 0755973844  
ABN/ACN: 84 162 693 567

## 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	100-387-425
Customer Reference:			
* Surname:		* Given Name:	
* Mobile #:			
* Email:			
* Address:			
* Suburb:		* State:	* Postcode:

DEBIT ARRANGEMENT		Including details and associated fees/charges detailed below and/or the total amount for the specified period for this and as per any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit	
<input type="checkbox"/> Once Only Debit	On Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Debit this amount: \$	<input type="text"/>
	D D M M Y Y		
<input type="checkbox"/> Regular Debits	Starting on Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Debit this amount: \$	<input type="text"/>
	D D M M Y Y		
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> 4 Weekly		
Duration:	<input type="checkbox"/> Continue regular debits until further notice (Minimum of <input type="text"/> debits)		
Administration Fee(once only) up to:	\$5.50	Bank Account Transaction Fee:	Paid By Business
Credit Card Transaction Fee:	VISA/Mastercard: 2.27% (Min \$0.88) AMEX/Diners: 4.40% (Min \$0.88)		Failed Payment Fee: \$14.80

CHOOSE YOUR PAYMENT METHOD	
<input type="checkbox"/> Debit from Credit Card	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Diners	
Card Number:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry Date:	<input type="text"/> / <input type="text"/>
Name of Cardholder:	<input type="text"/>
By signing this form, I/we authorise Global Payments Australia 1 Pty Ltd, acting as Direct Debit Agent on instruction from the Business, to debit payments from my Credit Card.	
<input type="checkbox"/> Debit from Bank, Building Society or Credit Union Account	
Financial Institution:	Branch: <input type="text"/>
BSB Number: <input type="text"/> - <input type="text"/>	Account Number: <input type="text"/>
Account Holder Name:	<input type="text"/>
I/we authorize Global Payments Australia 1 Pty Ltd ACN 601 396 543 (User ID No 342190, 342191, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECs) in accordance with this Direct Debit Request.	

The Authorisation in this Request remains in force in accordance with the terms and conditions of the DDR Service Agreement (Ver 1.11). I/We have read, understand and agree to the same. I/We declare that the information in this Request is true and correct. I/We acknowledge that my/our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com/au/privacy-policy/>

Signature(s) of Account Holder:

Date:  /  /

D D M M Y Y





Global Payments Australia 1 Pty Ltd ACN 601 396 543 | Authorized Representative under AFSL 315388

## DDR SERVICE AGREEMENT (Ver 1.11)

### DDR Service Agreement (Ver 1.11)

I/We hereby authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (Direct Debit User ID number 342190, 342191, 428198) (referred to as "Ezidebit") to make periodic debits on behalf of the Business (referred to as "the Business") as indicated on the attached Direct Debit Request which incorporates this DDR Service Agreement.

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 has no express or implied liability in relation to the goods and services provided or to be 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 nominated card or bank 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 including the Fees/Charges in the Direct Debit Request).

I/We acknowledge that the details of my/our nominated card or bank account should be verified (eg: against a recent card or bank statement) to ensure accuracy of the details provided and I/we will contact my/our financial institution if uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient available/cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the due date for the debit. Direct debits normally occur overnight, however transactions can take up to 3 banking business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the debit amount has been debited from the account. If there are insufficient funds available, I/we agree that Ezidebit will not be 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. a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
2. a payment request is received by Ezidebit on a day that is not a banking business day in Sydney, NSW and Melbourne, VIC; or
3. there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.

Any payment that falls 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 upon receiving instructions from the Business of a variation provided for within my/our agreement with the Business or as may be agreed by me/us and the Business. I/We do not require Ezidebit to notify me/us of the variation 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 (including this DDR Service Agreement) including varying the Debit Arrangement.

I/We will contact the Business if I/we wish to alter or defer the Debit Arrangement. I/We acknowledge that any request by me/us to stop or cancel the Debit Arrangement will be directed to the Business.

I/We acknowledge that any dispute regarding a debit will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we will 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 (as referred to in the Debit Arrangement) may be payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my/our 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 agree to pay those fees and charges to Ezidebit.

"Ezidebit" may appear as the merchant for a payment from my/our credit card (including a debit or charge card). I/We acknowledge and agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or 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). The Transaction Fee for a debit to a Credit Card calculated as a percentage may be subject to a minimum amount.

I/We appoint Ezidebit as my/our agent for the control, management and protection of my/our personal information (relating to the Business and this Direct Debit Request) which is disclosed to Ezidebit. I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Direct Debit Request or the Ezidebit Privacy Policy, Ezidebit will keep your personal information about your nominated account private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection or as otherwise required or permitted by law. The Ezidebit Privacy Policy can be found at <http://www.ezidebit.com/au/privacy-policy/>.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and this Direct Debit Request) to release and provide such information to Ezidebit.

I/We authorise:

1. Ezidebit to verify with my/our financial institution and/or correct, if necessary, details of my/our account; and
2. 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





15 Sapium Road, Southport Qld 4214  
Telephone (07) 5597 3844 Email: info@benowaeearlylearning.com.au

## Before and After School Care Specified Journey Permission

I, \_\_\_\_\_ (parent/guardian),

give permission for my child \_\_\_\_\_

who is enrolled in the Outside School Hours Care program, to be walked to Bellevue Park State School, Sapium Road Southport between 8.30am and 8.55am and collected from the same school and escorted (walked) to Benowa Early Learning Centre 15 Sapium Road, Southport, between 2.55pm and 3.45pm.

For the following dates:

- Term 1 2020 Tuesday 28<sup>th</sup> January to Friday 3<sup>rd</sup> April
- Term 2 2020 Monday 20<sup>th</sup> April to Friday 26<sup>th</sup> June
- Term 3 2020 Monday 13<sup>th</sup> July to Friday 18<sup>th</sup> September
- Term 4 2020 Tuesday 6<sup>th</sup> October to Friday 11<sup>th</sup> December

After school care:

Children will be met by Educators and roll will be taken, we will ensure toilets are clean and safe, encourage children to wash hands and toilet for afternoon tea on school grounds to prevent children waiting for long periods of time, afternoon tea is eaten at tables in assemble area whilst we check all children are present and safety roll is correct (this involves checking with office, ringing families)

I understand that my child will be escorted by the Educators from the Centre, as nominated by the Nominated Supervisor.

I give permission for the nominated Educators to sign my child OUT of the Centre when leaving in the morning and sign my child IN to the Centre when arriving in the afternoon.

I agree to notify the Benowa Early Learning Centre Office immediately by phone or email, if my child is absent from school and/or absent from our Outside School Hours Care program, as per the Before and After School Care Policy.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Dated: \_\_\_\_\_