



A parent or guardian who has lawful authority in relation to the child must complete this form. Child's enrolment information as required in Education and Care Services National Regulation 160 -162.

Days Requested (please tick)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
7am to 6pm					

Start Date _____

Child's Details

Given Name/s _____ *Usually called _____ Sex M F

Last Name _____ Date of Birth ____/____/____

Language/s Spoken at Home _____

Is the child of Aboriginal and/or Torres Strait Islander origin?

- No, not Aboriginal or Torres Strait Islander
- Yes, Aboriginal
- Yes, Aboriginal and Torres Strait Islander
- Yes, Torres Strait Islander

Parent/Guardian Details

Mother/Guardian	Father/Guardian
Given Names	Given Names
Last Name	Last Name
Date of Birth / /....	Date of Birth/...../.....
Home Address	Home Address
Postcode	Postcode
Home Phone	Home Phone
Mobile	Mobile
Email	Email
Occupation	Occupation
Work Phone	Work Phone
Does the child live with this person? Yes <input type="radio"/> No <input type="radio"/>	Does the child live with this person? Yes <input type="radio"/> No <input type="radio"/>

4 Year Old Kindergarten Program (if applicable)

I/We understand that we are required to advise the Director if our 4 year old child is attending a funded kindergarten other than at *Geelong Children's Centre*. This is required in order for the Centre to claim appropriate funding. Funding is only allocated to **ONE** kindergarten program and cannot be claimed if your child is attending another Kinder program

- My child will **only** be attending the funded kindergarten program at *Geelong Children's Centre*. Yes No
- If I withdraw my child from the kindergarten program for any reasons, my child's position in the kindergarten will be withdrawn and my child will be attending the day care program in the 3-5 room for the remaining of the year depending on the availability of the position. Yes No

Parent/Guardian name _____ Signature _____ Date ____/____/____

3 year old kindergarten program (if applicable)

I/We would like my child to attend 3 year kindergarten program on Fridays at the Geelong Children's Centre.

Yes No

Child Care Subsidy

Are you applying for Child Care Benefit?

Yes No

Customer CRN _____ Child CRN _____

Does the child have any siblings attending Geelong Children's Centre?

Yes No

Name(s) _____

Court Orders Relating to the Child

Are there any **court orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child/ren or access to the child/ren i.e. custody arrangements, restraining orders, parenting orders, parenting plans?

Yes Please provide the details,

No (go to the next section)

Bring the **original** court order/s for management/staff to see **and** a copy to attach to this enrolment form. Any ongoing updates must be provided as soon as possible.

Emergency contacts if parent / guardian are unable to be contacted (do not include Parent/s name/s)

Your consent is required for other people to:

1. Drop off /Collect your child from Geelong Childrens Centre on your behalf
2. Be called in an emergency when you cannot be immediately contacted
3. Authorise staff to administer medicine/medical treatment
4. Authorise the taking of the child outside the service by an educator on excursions /regular outings
5. Authorise that a staff member to collect your child from Geelong Childrens Centre

Persons you want contacted in case of emergency who have the authority to drop off /collect your child (over 18 years of age) (Do not include Parent/s names/s)

	Contact 1	Contact 2
First Name		
Last Name		
Address		
Home Phone		
Mobile Phone		
Work Phone		
Relationship to Child		

Additional people who can be contacted during emergency and have authority to drop off / collect your child (Do not include parent/s names/s)

	Contact 3	Contact 4	Contact 5
First Name			
Last Name			
Home Phone			
Address			
Mobile Phone			
Work Phone			

Medical Information

Medical Practitioner

Doctor _____ Medical Centre _____

Address _____

Phone _____

Does the child have any special needs? Yes No

If **yes**, please provide details of any special needs and any management procedure to be followed with respect to the special needs.

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes No

Does the child have any allergies or sensitivity?

Foods Yes No **Medicine** Yes No **Sunscreen** Yes No **Band Aids** Yes No

If **yes**, please provide details of any allergies and any management procedure to be followed in respect to the allergy.

Immunisation Status Certificate - Yes attached

Please provide your child's up to date Immunisation Status Certificate. This statement will show their Immunisation status to finalise enrolment. To obtain an immunisation status certificate.

- www.medicareaustralia.gov.au/online or
- Visit your local Medicare office.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes No

Does your child have an auto injection device (eg EpiPen/ Anapen)? Yes No

Has the anaphylaxis medical management plan been provided to the service? Yes No

Has a risk management plan been completed by *Geelong Children's Centre* in consultation with you? Yes No

In the case of anaphylaxis you will be provided with a copy of our anaphylaxis management policy.

You will be required to provide *Geelong Children's Centre* with an individual medical management plan for your child, signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis.

Medical Conditions

Does your child have any other medical conditions that are relevant to the care of your child, eg. asthma, diabetes, epilepsy / convulsions etc.? Yes No

If **yes**, please provide details of any medical conditions and any management procedure to be followed with respect to the medical condition.

Consent to Emergency Medical Treatment

I/We _____ (Print full name)

are person/s with lawful authority of the child referred to in this enrolment form.

- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at *Geelong Children's Centre*
- Consent to the Director to seek medical treatment for the child from a medical practitioner, hospital or ambulance service if that person considers it is necessary
- Agree that we will be in all respects liable to meet and pay all costs, fees and expenses associated with the provision of any such services

Parent/Guardian name _____ Signature _____ Date ____/____/____

Meals

Does your child have any special dietary restrictions? eg. vegetarian, religious requirements, etc. Yes No

If yes, the following restrictions apply;

Permissions

I give the management/staff of Geelong Children's Centre the authority to:

- allow staff to check my child in the event of a case of head lice being detected at the Centre Yes No
- use the name and/or photo of my child for Centre displays (cross out if any media type not accepted)
 - website Yes No
 - advertising/promotional Yes No
 - Educa Yes No
 - Facebook Yes No
- share group photos that my child is in, with families that use the service and to be displayed in Educa (on-line learning program) for observations and to share with Centre parents Yes No
- apply sunscreen supplied by Geelong Children Centre for outside play (If not, please provide a letter releasing the Centre of any Liability or supply your own Sunscreen Name _____) Yes No
- apply topical creams (supplied by parents)
 - Teething Gel Name _____ Yes No
 - Nappy creams approved by Geelong Children's Centre Name _____ Yes No
 - Band Aid or sticking plasters Yes No
- be observed by staff and students for programming purposes Yes No
- attend the Centre community garden throughout the year as an ongoing excursion Yes No
- attend the Fruit Shack, Thomson reserve and club rooms throughout the year as an ongoing excursion Yes No

Parent/Guardian name _____ Signature _____ Date ___/___/___

Confidentiality of Enrolment Records

The Director of Geelong Children's Centre must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorized by the parent or prescribed in the Education and Care Services National Regulation 2011 181.

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Education and Care Services National Regulation 2011 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Education and Care Services National Law Act 2010 also covers situations where a child does not live with his or her parents and there are not court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Parent/Guardian Agreement

I/we understand that:

- Fees are payable two weeks in advance on the first day of care via Ezidebit. I understand that childcare fees will be due from 2nd **January 2019**. I/We understand that if I/we do not wish to commence care until after this date, my child will be placed on a waiting list and the Centre will not be able to guarantee me a position. Alternatively, I/we may choose to pay the full Centre fee from 2nd January 2019 in order to secure my place at the Centre.

Note: Childcare benefit is not claimable until your child commences care.

- If my fees are in arrears for more than two weeks and no arrangement has been made with the Centre's Director, my child's place will be withdrawn.
- Fees will be charged for booked days that my child does not attend due to illness, general absences (e.g. family holiday) and public holidays.
- **LATE PICKUP** - Parents will be charged an additional fee for late collection of child/children after 6pm. Costs will be calculated at time and half per hour per staff member.
- Should I fail to pay my fees and my place is withdrawn or when I leave the Centre, I will be liable for all additional costs incurred by the Centre in collecting the outstanding fees. Outstanding accounts will be referred to a Collection Agency and will have all costs and commission added to the amount due.
- Full fees are payable until Child Care Benefit confirmation is received by the Centre.
- I/We must advise the Centre staff of any changes to the information given on this form.
- I/We agree to notify the Centre staff if my child will be absent from the Centre.
- I/We agree to notify the Centre staff should I/We wish my child to be collected by any person other than those nominated on the enrolment form.
- I/ We wish to withdraw or change our child's booked days from the Centre, **two week's notice** must be given to the Director and fees must be paid for those two weeks
- I/We understand that if I/we are not working or studying, I/we may be restricted to one day of childcare per week. In the event that a working/studying parent requires my allocated day and there is no alternative day available for me, I/we understand that the Centre may give me 2 weeks written notice and I/we will have to withdraw my child from the Centre to make way for a higher priority child. Further information on this can be found in the Centre's Parent Enrolment Booklet – Priority of Access Guidelines.
- I/We acknowledge that I/we have read the Parent Enrolment Booklet of Geelong Children's Centre and agree to abide by all of the Centre policies.
- I/We confirm that all information given on this enrolment form is true and correct and undertake to notify the Centre immediately for any changes.

To be signed by both parents/guardians where applicable.

Parent/Guardian name _____ Signature _____ Date ___/___/___

Parent/Guardian name _____ Signature _____ Date ___/___/___

Director's name _____ Signature _____ Date ___/___/___

DDR SERVICE AGREEMENT (Ver 1.9)

DDR Service Agreement (Ver 1.9)

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 3:00pm 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 may be payable by me/us to Ezidebit. Where a failed payment fee is applicable, the amount will be as detailed in the Debit Arrangement of the Direct Debit request. 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 subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

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.

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 appoint Ezidebit as my/our exclusive agent with regard to the control, management and protection of my/our personal information (relating to the Business and contained in this DDR Service Agreement). 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 Agreement or the Ezidebit Privacy Policy, 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, to be referred to a debt collection agency for the purposes of debt collection, or as otherwise required or permitted by law. Further information relating to Ezidebit's 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 contained in this DDR Service Agreement) to release and provide such information to Ezidebit on my/our written request.

I/We authorise:

- a. Ezidebit to verify and/or correct, if necessary, 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.