

Child Details

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			
Date of Birth:		Sex (Please circle):	Male / Female
Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>			
Child's home address:			
Child lives with:			

Child's Routine

Daily sleep times and length including any bedtime routines.	
Comforters	
Bottles if requires <ul style="list-style-type: none"> • Milk/formula/ect • Times 	
Foods likes and dislikes (if food is beginning to be introduced please list foods you have tried)	
Children's interests	
Any other information you would like to share.	

Developmental Information

<p>Please provide us with any other information we should know about your child</p> <p><i>(For example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting practices etc.)</i></p>	
<p>Please provide your goals of what you would like for your child to gain from their time with us</p> <p><i>(This can include social skills, school readiness, independence, etc.)</i></p>	

Primary Guardian

Education and Care Services National Regulations - Regulation 160 (3b)

Guardian Full Name:			
Address:			
Phone Number/s:	(H)		(M)
Guardian Date of Birth:			
Email address:			
Relationship to child:			
Centrelink Reference Number (CRN):			
Please provide any relevant cultural background details including country of birth:			
Occupation:		Phone Number:	
Place of employment:		Hours of work:	
Signature:			

Secondary Guardian

Guardian Full Name:			
Address:			
Phone Number/s:	(H)		(M)
Guardian Date of Birth:			
Email address:			
Relationship to child:			
Centrelink Reference Number (CRN):			
Please provide any relevant cultural background details including country of birth:			
Occupation:		Phone Number:	
Place of employment:		Hours of work:	
Signature:			

Court Order

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached

Please note that without this documentation we cannot legally enforce the Order/s.

Emergency Contact

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Guardian/s cannot be reached or are unable to collect their child. To deal with these situations and in case of an emergency the Service will require the persons listed below to collect and care for the child. This person must live within an hour from the Service and must provide identification when collecting the child. (Please obtain the persons consent before listing them as an emergency contact).

I give this person to

- give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?
- Be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?

Signing below is a declaration you agree to the statement above.

Guardian (1) Signature:			
Guardian (2) Signature:			
Emergency Contact (1)			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)	(M)	(W)
Place of Work & Availability:			
Emergency Contact (2)			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)	(M)	(W)
Place of Work & Availability:			
Emergency Contact (3)			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)	(M)	(W)
Place of Work & Availability:			
Emergency Contact (4)			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)	(M)	(W)
Place of Work & Availability:			

Cultural Consideration

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Language spoken at home:	
Ethnicity:	
Religion:	
Is the Child of Aboriginal or Torres Strait Islander Descent?	Yes / No
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices or celebrations you would like followed:	

Medical Information

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	
Private Health Fund Name (If applicable):			
Private Health Care Membership Number:			

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

<p>Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?</p> <p><i>Yes / No</i> <i>(Please Circle)</i></p>	<p>If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed.
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Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.

Education and Care Services National Regulations - Regulation 94.

Guardian (1) Signature		
Does the child have any dietary restrictions? <i>(Please Circle)</i>	Yes / No	Attached
	<i>(If yes, please see Director)</i>	

The child's health record has been sighted by: _____ Position: _____

Family Information

Does the child have any siblings? If so, please provide their names and ages.	
Does your family have any talents or skills can contribute to the service?	
Does any of you family members (with in your household) have a disability? (Please Circle)	Yes/No (If yes please specify including agency's that are involved)
Please list your family values. Have you any feedback regarding our philosophy?	

Enrolment Agreement

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Written Arrangements:

A Service and Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between _____ and World of Kids is an ongoing agreement between the ECEC Service provider and the Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act. *Fees are available in the foyer of our service and parties are aware fees may change from time to time.*

Arrangement Type:	CWA	RA	ACCS	Arrangement with organisation	
Name of Service:	World of Kids PTY LTD				
Parent/Guardian Full Name:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of Child attending care:					
Child's Date of Birth:					
Child CRN:					
Expected Session of Care:	Mon	Tues	Wed	Thurs	Fri
If fortnightly start date:	Mon	Tues	Wed	Thurs	Fri
Care Arrangement:	Routine Care		Casual Care		Flexible Care
Fees to be charged to the individual for the sessions of care provided	<input type="checkbox"/> Session 1: Session begins at 6:30am and ends at 6.00pm <input type="checkbox"/> Session 2: Session begins at 6.30am and ends at 4.30pm <input type="checkbox"/> Session 3: Session begins at 7.00am and ends at 5.00pm <input type="checkbox"/> Session 4: Session begins at 7.30am and ends at 5.30pm <input type="checkbox"/> Session 5: Session begins at 8.00am and ends at 4.00pm <input type="checkbox"/> Half Day: Session begins at 7.00am and ends at 1.00pm				

Please tick the following items to authorise:

Health & Safety:

Have SPF30+ sunscreen applied prior to sun exposure (If not, please let us know and do so before they attend)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES	NO
Have staff apply Teething Gel (supplied by parents)	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

Photography & Video:

For photos and video of my child can be displayed with in the Service (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service through EarlyWorks.	YES	NO
For photos and video of my child to be used on Service social media sites.	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO
For my child's photo, to be taken and printed out of the service.	YES	NO

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fee prior to my child starting and am aware that the enrolment fee is non-refundable.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of **\$2 per minute per child for the first 5 minutes thereafter \$5 per minute per child**. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving one weeks written notice to withdraw my child or reduce booked days.
 - a) I am aware that fees for public holidays are payable if the day is a usual day of attendance or swapped to an available day within that week.
 - b) I am aware that fees are payable for days where allowable absences are taken.
 - c) I have read the Family Handbook and are aware of any closures during the year.
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given. I agree to inform the staff both verbally and

writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating reasons for the medication and only then if the Director deems the child well enough to attend Service.

- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with the Service's Policies and Procedures located in the foyer on the tablet. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. Any changes made will be displayed in they foyer or through other notice.
- We are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the service upon provision of a 'clearance certificate' for the child from a medical practitioner.
- I agree to provide all relevant information regarding the health of the child and any other information required by the service and agree that this information may be displayed for view may displayed for view at the service.
- I am aware that if we fail to provide information correctly as required by the service, the service will be able to terminate services forthwith.
- I understand that to ensure correct educator to child ratios I may be required to collect my child (in accordance with the Priority of Access Guide) in the event of an emergency/staff illness etc. to ensure correct supervision.
- I agree to pay the weekly fee on the due day as determined by the service's payment policy requirement or as agreed to by the service.
- I am aware that our fees are deducted through the Debitsuccess system from our nominated bank account or credit card on a fortnightly basis as chosen by the enrolling parent/guardian.
- I understand that if fees are debited from a credit card Debitsuccess will charge an additional fee calculated at 2.35% of the amount per transaction, and AMEX/Diners is 4.4% of the amount per transaction. All other Debitsuccess administration fees will be covered by the service.
- I acknowledge that if a direct debit is returned unpaid, a failed payment fee is payable by the enrolling guardian to Debitsuccess for each failed transaction. The usual failed payment fee is \$11.90. In some circumstances, a fee up to \$25.00 may be applied. If funds remain insufficient this may result in cancellation of care at the Centre's option. We are aware that fees need to be adjusted from time to time with due notice given to families.
- We agree that in the case of accident or injury, the service will attempt to contact us and, where we cannot be contacted, medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an ambulance and we agree to meet the expense of an ambulance. In the case of an emergency, as determined by the educators at the service, we authorise the service to contact an ambulance and send the child to hospital.
- We are aware that there may occasionally be visitors to the service. We consent to our child being in the presence of visitors or volunteers, with the service's appropriate supervision by qualified/experienced educators.
- The service reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the service. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
- I have provided accurate and up to date information on the Written Arrangement.
- I have read this contract, and received relevant information about the services offered by this service .

Primary Guardian Signature: _____ Name: _____ Date: ___ / ___ / _____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

OFFICE USE ONLY			
Child's birth certificate		Immunisation record	
Child Care Subsidy Confirmation		Medical documents (if requires	
Arrangement Form completed & signed		Direct debit form complete	
Start date			
Entered By			

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"/>
Phone Number:	<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*
so.00 or Blank = No Limit

Surcharge: Visa/MasterCard: 2.35% AMEX: 4.4% Bank Account: N/A

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

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:	<input type="text"/>
BSB Number:	<input type="text"/>
Account Number:	<input type="text"/>



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534 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
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>



ABN 32 095 551 581
APCA ID 184534 | 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: 095 551 581) APCA User ID 184532 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.

DISHONOURED PAYMENTS

I/We acknowledge that:

- (a) 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 \$14.95 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
- (b) 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 is 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:

- (a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) 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:

- (a) to the extent specifically required by law; or
- (b) 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