

Dear Parent/Guardian,

Please find attached Kids United OSHC Enrolment Form.

Our Enrolment Process is outlined below:

1. A separate Enrolment form is required for each child.
2. The Enrolment form is also our Complying Written Arrangement (CWA) for the purposes of Child Care Subsidy (CCS).
3. Please ensure the date of birth and Centrelink supplied Customer Reference Number (CRN) are completed for the primary parent and each child. If you're unsure about the process of obtaining these details, go to the government's 'mychild' website or to <https://www.education.gov.au/ChildCarePackage>. It is extremely important that DOB and CRN details are correct, otherwise there may be delays in you receiving your Child Care Subsidy.
4. If eligible for CCS, please ensure Parent/Guardian 1 on the enrolment form is completed in the name of the parent who is or will be assessed by Centrelink
5. Direct Debits are our primary method of payment. You will need your bank or credit card details handy to set up automatic payments. Families who can't support Direct Debits will need to apply to Kids United OSHC for an exception, enabling them to pay by bank deposit via internet or at an ANZ branch.
6. You will need to have doctor's details and immunisation records for each child to complete your enrolment
7. If applicable to your child, please provide copies of any medical management plans and/or court orders

To confirm your enrolment, the following items will need to be provided before your child's commences at our Service. Upon completion of each item, please initial each item of this checklist. Acceptance of enrolment is conditional upon completion of the following:

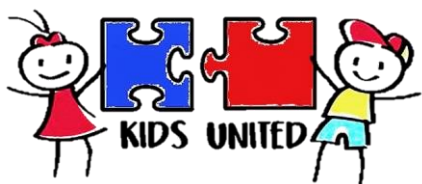
	Parent Initial	Office Use
<input type="checkbox"/> Completed enrolment form	_____	_____
<input type="checkbox"/> Completed direct debit form	_____	_____
<input type="checkbox"/> A copy of your child's immunisation records	_____	_____
<input type="checkbox"/> A copy of any custody arrangements.	_____	_____
<input type="checkbox"/> Medical documents (asthma/allergy action plans etc.)	_____	_____
<input type="checkbox"/> Annual administration fee of \$30 per child will be included in my first invoice. _____	_____	_____

Please contact Kids United OSHC on 0403 864 833 if you need assistance in completing the forms.

Kind regards,

Vi-Ann Pham
Managing Director
Kids United OSHC





ENROLMENT FORM



Office: 0403 UNITED (0403 864833)

Office: info@kidsunited.com.au

www.kidsunited.com.au

CENTRE

Location

PARENT/GUARDIAN DETAILS

First Name*

Middle Name

Last Name*

Email*

Date of Birth*

Primary Carer for Centrelink*

CRN*

Relationship to Child

Indigenous Background

Country of Birth

Cultural Background

Languages spoken at home:

Address:

Mobile Phone*

Home Phone:

Work Phone:

Employer's Name:

Occupation:

Is there an external agency involved:

Consents*

Mother / Guardian

Father/Guardian

☐ Yes

☐ No

☐ Yes

☐ No

☐ Aboriginal

☐ TS Islander

☐ Neither

☐ Aboriginal

☐ TS Islander

☐ Neither

☐ Yes

☐ No

☐ Yes

☐ No

Agency Name:

Agency Name:

☐ Authorised to drop off and pick up

☐ Authorised to drop off and pick up

☐ Authorised to give consent to medical treatment and/or to administration of medication to the child

☐ Authorised to give consent to medical treatment and/or to administration of medication to the child

☐ Authorised to give consent for an educator to take/transport the child outside the centre. e.g. excursions

☐ Authorised to give consent for an educator to take/transport the child outside the centre. e.g. excursions

☐ Authorised to be contacted in the event of an Emergency

☐ Authorised to be contacted in the event of an Emergency

Note: To qualify for the Child Care Subsidy (CCS), you MUST provide your Customer Reference Number (CRN). If you do not have a CRN, you need to register for Centrelink Online Services by contacting 13 61 50. It is important you provide correct details around Centrelink, i.e. primary parent full name, CRN, DOB

EMERGENCY CONTACTS/AUTHORISED NOMINEES

Please provide LOCAL contacts who will be able to collect the child in case of emergency if the centre is unable to contact the parents.

Details

Contact 1

Contact 2

Full Name*

Relationship to child*

Address:

Mobile Phone*

Home Phone:

Work Phone:

Please Tick Appropriate boxes*

- ☐ Authorised to drop off and pick up
- ☐ Authorised to give consent to medical treatment and/or to administration of medication to the child
- ☐ Authorised to give consent for an educator to take/transport the child outside the centre. e.g. excursions
- ☐ Emergency Contact

- ☐ Authorised to drop off and pick up
- ☐ Authorised to give consent to medical treatment and/or to administration of medication to the child
- ☐ Authorised to give consent for an educator to take/transport the child outside the centre. e.g. excursions
- ☐ Emergency Contact

Nominee Signature*

Parent Signature*

I give permission for the persons listed under Emergency Contacts to drop off or collect my child listed on this application. I further agree to keep the centre updated in writing of any changes to these contacts. I understand that in keeping with the Child Care Legislation my child will not be released into the care of an unfit and/or person under the age of 18 years, or any person not listed on this form as a parent, emergency contact or authorised collector. I understand that non-custodial parents (as determined by a current court order only) will not be given access to the children.

Please Note: All collectors must be aware that they need to collect the child by close of business (6:00pm). Failure to do so will result in a late pickup fee. Unfamiliar authorised collectors & emergency contacts of the child will be required to present photographic ID such as a Drivers Licence, 18+ Card, Seniors Card or Passport before being granted access to the child.

CHILD DETAILS

First Name*

Middle Name

Last Name*

CRN*

It is very important that the child's correct CRN is provided

Current CCS Eligibility Details
(Child Care Subsidy)

CCS %

CCS
Total Hours/
Fortnight

CCS
Withholding %

Date of Birth*

Gender

Address:

Country of Birth

Cultural Background

Religious Requirement:

Language(s) spoken at home:

Indigenous Background

☐ Aboriginal ☐ TS Islander ☐ Neither

Is there anyone who is prohibited from having contact with or collecting the child:

☐ Yes ☐ No

Please detail:

Do you have any Court Orders, Parenting Orders or Parenting Plans?

☐ Yes ☐ No

A copy of any Order or Orders from the Family Court which detail(s) contact arrangements will need to be supplied to the service.

CHILD'S PHOTO

Child's photo can be placed/embedded here or
sent as a separate file

Primary School details when starting with
Kids United

School:

Year:

Age:

Class:

Details of Care - Complying Written Agreement (CWA) for Child Care Subsidy (CCS)

Arrangement Start Date:

Please indicate the permanent days (routine sessions) your child will be attending by placing a tick in the box you require.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you wish to use Before/After School Care on a casual basis?

☐ Yes ☐ No

Will your child be utilising Vacation Care Program?

☐ Yes ☐ No

Please acknowledge that the above details form the basis of a CWA, between yourself and Kid's CBASS Pty Ltd as trustee for the HT Family Trust, trading as Kids United OSHC, for the purposes of you claiming CCS. Session times and regular fees are available in the fee management policy. The routine, casual sessions and fees may change from time to time.

Acknowledged:

☐ Yes ☐ No

Signing Party Full Name

Signing Party Signature

*the signing party is the person who is liable for the fees. It is not necessary for the signing party to be the parent/guardian.

Child's Health and Medical Information

Medicare Number
(emergency use only)

#

Valid to Date:

Doctor Name or Health Care Centre

Address:

Phone:

SUNSMART

Our service follows Sun Smart health recommendations. Please apply SPF 30+ broad spectrum water resistant sunscreen to your child before attending the education and care service. In the event that your child doesn't have sunscreen when attending we ask you to complete this authority for a staff member to apply sunscreen to your child.

If your child is sensitive or allergic to some sunscreens, please provide a sunscreen that can be applied to your child.

Authority for staff to administer sunscreen provided by the service

☐ I give permission for the staff at the service to apply, as appropriate, SPF 30+ broad spectrum, water resistant sunscreen to all exposed body

☐ My child is sensitive to some sunscreens, I will provide the centre with a suitable sunscreen for my child

FOR DIABETES, ASTHMA, ANAPHYLAXIS, EPILEPSY, MEDICAL CONDITION, DIAGNOSED ALLERGIES ALL NEED:

1. Medical management plan signed by a Doctor; and

2. Risk minimisation plan

So, for each of these conditions, if you select **YES** you need to attach the medical management plan, fill in the risk minimisation plan OR provide more information.

Alternatively, you can bring a copy of such plans on your child's first session

Please be aware, we will be unable to accept your child if they have a condition and we do not have a copy of the Medical Management Plan (signed by a Doctor) and Risk Minimisation Plan.

Has your child been immunised?

☐ Yes

☐ No

If yes, please attach

A copy of your child's immunisation will need to be provided. If NO, you will need to have a signed exemption letter from your Doctor.

Is your child receiving regular prescribed medicine?
(Have you filled in a medication form)

☐ Yes

☐ No

If yes, please provide details

Does your child have any medical conditions?

☐ Yes

☐ No

If yes, please provide details

Do you have a care plan for the treatment of this condition?

☐ Yes

☐ No

If yes, please attach

Does your child have any allergies and/or anaphylaxis?
(Have you filled in Action Plan Form for Allergy/Anaphylaxis)

☐ Yes

☐ No

If yes, please provide details

Does your child have any dietary requirements?

☐ Yes

☐ No

If yes, please provide details

Does your child have diagnosed asthma?
(Have you filled in Action Plan Form for Asthma)

☐ Yes

☐ No

If yes, please provide details

Does your child have epilepsy?
(Have you filled in Action Plan Form for Epilepsy)

☐ Yes

☐ No

If yes, please provide details

Other information

Is there anything else you would like Kids United to know about your child?

CHILDREN WITH ADDITIONAL NEEDS

Four (4) weeks' notice is required from when all documentation has been provided if you wish to enrol your child with Special Needs. This time will be used to discuss additional support arrangements or the need to apply for funding for an additional worker. The due course of the approval process is approximately four weeks.

DIET

Does your child have any particular dietary requirements or restrictions?

☐ Yes

☐ No

(Vegetarian, religious, medical). If yes, please give details

Is there any activity your child cannot participate in due to?

☐ Yes

☐ No

(Religious/lifestyle choices). If yes, please give details

Is your child allergic to any foods?

☐ Yes

☐ No

Is there any food your child particularly likes?

☐ Yes

☐ No

Is there any food your child dislikes?

☐ Yes

☐ No

GENERAL NEEDS

In endeavouring to provide quality care for your child, please indicate how we can best meet your child's needs.

Does your child suffer from any fears/phobias

☐ Yes

☐ No

Are there any words that we need to know that have special need

☐ Yes

☐ No

Has your child attended child care before? If yes, please provide details

☐ Yes

☐ No

What do you believe to be your child's strengths

What are your child's interest/hobbies?

DECLARATION & CONSENT

Participation

I give permission for my child to participate in celebrations or events such as birthday, Christmas, Easter.

☐ Yes ☐ No

Photographs

I give permission for my child's name and or photo to be used for the centre displays and development profiles.

☐ Yes ☐ No

Publicity

I give permission for my child's name and or photo to be used for the centres promotional events, including media.

☐ Yes ☐ No

I give permission to show my child's name in group posts to other guardians.

☐ Yes ☐ No

Declaration and Consent to Emergency Medical Treatment

I, a person with lawfully authority/ parent responsibility of the child referred in this enrolment form,

- ☐ Declare that the information in this enrolment form is true and correct and undertake to immediately inform centre in the event of any change to this information.
- ☐ Agree to pickup the child referred to in this enrolment form if she/he becomes unwell at the centre or make alternative pickup arrangement.
- ☐ Authorise the centre staff to administer medication or seek medical treatment from registered medical practitioner, hospital or ambulance service including transportation of the child by an ambulance service.
- ☐ I declare that I will reimburse any necessary expenses included by the centre.

Declaration and Consent

In completing this form, I understand and consent to the following arrangements

- ☐ Centre will collect some personal information about me and my child. Some information might be provided by government or other agencies, but most information will be supplied by me, or by filling out this enrolment form.
- ☐ Some of the information collected may be health information, which Child Care Centre will handle with particular care. All information will be used to assist my child at the centre.
- ☐ Some information may be given to other organisations (such as government agencies) as required or authorised by law.
- ☐ During my involvement with the centre, I may want, or be offered, other services by the centre. If that happens, I consent to pass relevant information to the other staff at the centre so they can assess my needs.
- ☐ I give permission for my child/ren to have their face painted during programmed activities.
- ☐ I give permission for my child/ren to watch movies deemed appropriate by staff which have a rating of either "G" or "PG", in centre and on excursions.
- ☐ I give permission for my child/ren to be transported to and from the centre and planned excursions as organised by Kids United OSHC. I understand that due care will be taken at all times by Kids United OSHC employees and that the employee cannot be held responsible for any damage or injury occurring during the travel.
- ☐ I give permission for my child/ren to participate in physical and sporting activities organised by Kids United OSHC
- ☐ I received and am willing to adhere to the centre's fee management policy.
- ☐ I understand that there is an annual enrolment fee of \$30 per child, payable upon enrolment. This amount will be included in my account and will be debited with my first invoice.
- ☐ I have received and read the Kids United OSHC family handbook and agree to be bound by the information and policies outlined by Kids United OSHC.
- ☐ I acknowledge that there will be no refunds or credit given if I cancel any of my child/ren's enrolments without 2 weeks notice.
- ☐ In the event that my child's absence cannot be confirmed, I authorised Kids United staff to get any necessary authorities to locate my child/ren and agree to pay all expenses.
- ☐ In case of required emergency evacuations / fire drills, I understand the educators of Kids United OSHC will escort my child off the premises to safety.
- ☐ I hereby declare that all the information given is accurate and agree to abide by the conditions of enrolment at the centre.
- ☐ I, a person with lawful authority of the child referred to in this enrolment form, have read, understood, agree and comply with the policies and procedures of the centre.

	Parent/Guardian 1	Parent / Guardian 2
Full Name:	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date:	<input type="text"/>	<input type="text"/>



Direct Debit Request

Authorisation Form

Request and authority to debit the account named below and to pay the amount debited to Kids United OSHC

Authority to
debit

I/We _____ / ____ / ____
(Given Names or Company name) (Surname or ACN/ARBN) (Date of Birth)

Of _____
(Street address)

(Suburb) (State) (Postcode) (Drivers Licence No)

Tel. (H) _____ (M) _____ (W) _____

(E) _____

Request and hereby authorise Quickpay Pty Ltd ACN 108 135 146, User ID 390388, to debit any amount it may lawfully charge through the Bulk Electronic Clearing System to the account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement set out on the reverse side of this form and in accordance with the information and instructions contained in Schedules A, B, C, D and E below

Schedule A

Term of
Authority

Commencing on ____ / ____ / ____ until two weeks notice of leave is given and account is paid in full.

Payment frequency: Fortnightly

Schedule B

Amount to be
Debited

Debited Amount: Balance Due

You will incur dishonour fees of \$8.80 (payable to Quickpay) if there are insufficient funds in your account.

Schedule C

Special
Conditions

	Bank Account	VISA/MasterCard	Amex/DC
Transaction Cost (AUD)	\$0.88	\$0.88 + 1.8%	\$0.88 + 3.6%

Schedule D

Bank Account to
be Debited

Financial institution name _____

Address _____

Name of account holder(s) _____

OR

BSB number |__|__|__|_|-|__|__|__|_|

Account number |__|__|__|__|__|__|__|__|__|__|

Account Holder(s) Signature _____

Schedule E

Credit Card
Account to be
Debited

Card Type: ☐ MasterCard ☐ Visa ☐ Diners ☐ AMEX Expiry Date: ____ / ____

Card No. |__|__|__|__|_|-|__|__|__|__|_|-|__|__|__|__|_|-|__|__|__|__|_|

CCV: _____

Cardholders Name: _____

Cardholders Signature: _____

Signature

Signed _____

Date ____ / ____ / ____

Staff Sign _____

Date ____ / ____ / ____

**Quickpay Pty. Ltd.**

Level 2, Suite 6, 58 – 60 Victor Crescent
Narre Warren VIC 3805
Tel: 1300 659 537
Fax: 1300 659 538

Date:**Direct Debit Request Service Agreement****DEFINITIONS**

- **Account** means the account held at your financial institution, from which we are authorised to arrange for funds to be debited
- **Agreement** means this Direct Debit Request Service Agreement between *you* and *us*.
- **Business Day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia
- **Debit Day** means the day that payment by *you* to *us* is due
- **Debit Payment** means a particular transaction where a debit is made
- **Direct Debit Request or (DDR)** means the Direct Debit Request between *you* and *us* (and includes any Form PD – C approved by us in the transitional period)
- **Us or We** means Quickpay Pty Ltd, you have authorised by signing a *Direct Debit Request*
- **You** mean the customer who signed the Direct Debit Request
- **Your Financial Institution** is the financial institution where *you* hold the account that *you* have authorised *us* to debit

1. DEBITING YOUR ACCOUNT

- 1.1 By signing a DDR, you have authorised us to arrange for funds to be debited from your account. You should refer to the DDR and this agreement for the terms of the arrangement between you and us.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the DDR **OR**
- 1.3 We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the DDR, a billing advice which specifies the amount payable by you to us and when it is due
- 1.4 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- 1.5 By signing this document you hereby accept that Quickpay or its associated entities are not liable for any prepayment made on products or services that yet to be rendered. Any prepayments made are the responsibility of your provider and not Quickpay. If the provider is for any reason is unable to refund any payments you hereby notified that Quickpay will not be liable for your prepaid funds.

2. CHANGES BY US

- 2.1. We may vary any details of this agreement or DDR at any time by giving you at least fourteen (14) days written notice.

3. CHANGES BY YOU

- 3.1. Subject to 3.2, 3.3, or 3.4 you may change the arrangements under a direct debit request by contacting us on 1300 659 537
- 3.2. Deferment, cancellation or alteration to the debiting schedule outlined over the page will be considered subject to the terms and conditions of any contract/agreement between you and the payee named over the page.
- 3.3. If you wish to defer a payment you must notify us in writing at least fourteen (14) days before the next debit day
- 3.4. Any cancellations made directly with Quickpay do not affect or terminate any contracts, agreements and/or payment obligations you have with the payee named over the page.

4. YOUR OBLIGATIONS

- 4.1. It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request (DDR)
- 4.2. If there are insufficient clear funds in your account to meet a direct debit payment:
 - a) You may be charged a fee and/or interest by your financial institution
 - b) You may also incur fees or charges payable to Quickpay; and
 - c) You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be available by an agreed time so that we can process the debit payment
- 4.3. You should check your account statement to verify that the amounts debited to your account are correct

5. DISPUTE

- 5.1. If you believe there has been an error in debiting your account, you should notify us directly on 1300 659 537. Confirm the notice in writing to us as soon as possible so that we may resolve your query quickly
- 5.2. If we conclude as a result of our investigations that your account has been incorrectly debited we will arrange with your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted
- 5.3. If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding
- 5.4. Any queries you have about an error made in debiting your account should be directed to us in the first instance so that we may attempt to resolve the matter between you and us. If we cannot resolve the matter you may still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf

6. ACCOUNTS

You should check

- a) With your financial institution whether direct debiting is available from your nominated account as direct debiting is not available on all account types
- b) Your account details are correct by checking them against your bank statement; and
- c) With your financial institution before completing the DDR if you have any queries on how to complete the DDR

7. CONFIDENTIALITY

- 7.1. We will keep any information (including your account details) in your DDR confidential. We will make reasonable effort to keep any such information we have about you secure and to 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
- 7.2. We will only disclose information we have about you:
 - a) To the extent specified by law; or
 - b) For the purpose of this agreement (including disclosing information in connection with any query or claim)

8. NOTICE

- 8.1. If you wish to notify us in writing about anything relating to this agreement, you should write to the address at the top of the page
- 8.2. We will notify you by sending a notice in the ordinary post to the address you have given us in the DDR
- 8.3. Any notice will be deemed to have been received two (2) *business days* after it has been posted

9. NOTICE OF DISCLOSURE (Privacy Act 1988)

- 9.1. We may give information about you to a credit reporting agency for the following purposes:
 - a) To obtain a consumer and commercial credit report about you, and/or
 - b) Allow the credit reporting agency to create or maintain a credit information file containing information about you.
- 9.2. This information is limited to:
 - a) Identity particulars - your name, sex, address (and the previous two addresses), date of birth, name of employer, and drivers license number
 - b) Your application for credit or commercial credit - the fact that you have applied for credit and the amount
 - c) The fact that we are a current credit provider to you.
 - d) Repayments which are overdue by more than 60 days, and for which debt collection action has started
 - e) Advice that your repayments are no longer overdue in respect of any default that has been listed
 - f) Information that, in the opinion of us, you have committed a serious credit infringement (that is, acted fraudulently or shown an intention not to comply with your credit obligations)