



Lorien Novalis School for Rudolf Steiner Education Ltd
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 456-458 Old Northern Road, Dural
 PO Box 82, Round Corner 2158 NSW, Australia
 Ph: 9658 0700 Fax: 9651 1632
 Website: www.lorien.nsw.edu.au

Outside School Hours Care

OSHC Mobile: 0428 236 371
 Email: oshc@lorien.nsw.edu.au

OSHC ENROLMENT FORM

All information contained in this enrolment form is treated as confidential and shall only be viewed by primary contact staff. Please read each section carefully before completing and signing.

A separate form is required for each child enrolled.

SECTION 1: CHILD'S DETAILS

Full name:		CRN:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	___/___/_____
Address:			
Suburb:		Postcode:	
Country of birth:		Nationality:	
Language/s spoken:		Family's religion:	

Which days do you wish your child to attend the service? (please circle):

After School care: Monday Tuesday Wednesday Thursday Friday Casual only

Child's expected start date at the service: ___/___/_____

SECTION 2: PARENT / GUARDIAN DETAILS

Parent / Guardian 1

Full name:		CRN:	
Relationship to child:		Date of birth:	___/___/_____
Address:			
Suburb:		Postcode:	
Home phone number:		Mobile number:	
Email address:		Are you an Australian resident:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth:		Language/s spoken:	
Occupation:		Employer:	
Employment status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual		
Work address:			
Suburb:		Postcode:	

Parent / Guardian 2

Full name:		CRN:	
Relationship to child:		Date of birth:	___/___/_____
Address:			
Suburb:		Postcode:	
Home phone number:		Mobile number:	
Email address:		Are you an Australian resident:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth:		Language/s spoken:	
Occupation:		Employer:	
Employment status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual		
Work address:			
Suburb:		Postcode:	

SECTION 3: CHILD CARE BENEFIT

Will you be claiming Child Care Benefit (CCB)? CRN details are required in Section 1 & 2.		<input type="checkbox"/> YES – on weekly basis <input type="checkbox"/> YES – as lump sum (please inform the FAO) <input type="checkbox"/> NO
<i>If yes please advise:</i>		
Name of person claiming:		Date of birth: ____/____/____

Immunisation requirements for Child Care Benefit (CCB)

Your children must meet immunization requirements if they are under the age of 7. Please attach one of the following:

- Your child’s Immunisation Record
- Your child’s catch-up Immunisation Schedule
- Your child’s approved Exemption

To be eligible for the CCB you need to be:

- An Australian citizen
- Hold a permanent visa
- Hold a special category visa
- Hold a certain temporary visa type. Contact the Family Assistance Office for more information.

For Child Care Benefit purposes, it is important to advise the service if you use any other service simultaneously. For ore information on CCB and Family Assistance Office call 13 61 50.

SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes please provide details:</i>	

NOTE: The service cannot enforce custody issues without a copy of the relevant Court Order. Please discuss any custody issues with the Nominated Supervisor before enrolment.

SECTION 5: EMERGENCY CONTACTS

I hereby authorise the staff of the service to contact the following people in the case of an emergency if I cannot be contacted,

Please supply at least 2 names in addition to the child's parents/guardians.

NAME	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: *Please inform the above people that you have included them as emergency contacts and may be asked to collect your child when you cannot be contacted.*

SECTION 6: AUTHORITY TO COLLECT YOUR CHILD FROM THE SERVICE

I hereby authorise the service staff to allow the following people to collect my child.

NAME	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: *Please inform the above people that they may be asked to show identification on their first few visits until staff become aware of who they are. Only the people named above will be permitted to collect your child from the service.*

SECTION 7: MEDICAL INFORMATION

Family doctor's name:		Telephone number:	
Does your child have any allergies (including asthma or anaphylaxis)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If YES please provide details, including a copy of your child's Medical Action Plan (required for asthma and anaphylaxis) or risk minimisation plan prepared by the child's doctor (if applicable):</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Does your child require regular medication?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If YES please provide details:</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Is your family a member of a Private Health Fund?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of fund:		Fund number:	
Family Medicare number:		Medicare line number:	

NOTE: Medication will only be administered in accordance with the services Medication Policy which you will be provided a copy of.

Immunisation

<p>Has your child received the scheduled immunisation for their age?</p> <p>Please attach on of the following:</p> <ul style="list-style-type: none">• Your child's Immunisation Record• Your child's catch-up Immunisation Schedule• Your child's approved Exemption	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach records</p>
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Medical conditions/additional needs

<p>Does your child have a medical condition or require additional assistance to meet their needs?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>If YES please provide details of the condition/needs they require assistance with:</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

SECTION 8: INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child.

Does your child have any dietary requirements other than allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If YES please provide details:</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

<p>Is there anything else our staff needs to know about your child? (E.g. cultural or religious requests, interests, dislikes, fears etc.)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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NOTE: *Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.*

SECTION 9: AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: *Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial.*

A. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY

In the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

- medical
- dental
- hospital
- ambulance service / transportation of my child by ambulance.

B. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY

In the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

C. PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY

I hereby give permission for the staff to administer an age/weight appropriate dose of a fever reducing agent to my child should he/she have a fever, while awaiting my arrival to seek medical treatment.

D. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

E. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

There are a number of reasons the service takes photographs/videos of the children, including:

- to assist with evaluation of the program and confidential documentation.
- to use as part of promotion and publicity for the service.

I hereby give permission to my child being photographed/videoed while they are at the service or on an excursion.

F. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

I agree to have my child signed in and out on the appropriate documentation on arrival and departure each day that they attend the service.

G. CHILD ABSENCE

I agree to notify the service if my child is absent on a day that they are booked in.

NOTE: *If your child is absent from the service a medical certificate must be provided to explain absences. The service needs to record the amount of allowable and approved absences your child is entitled under Child Care Benefit legislation.*

SECTION 10: PAYMENT OF FEES

A. BOND

Upon being offered a place at the service, parent(s) or guardian(s) are required to pay a non-refundable admin fee of \$50 and two weeks care in advance as a bond.

The bond secures your child's placement at the service and is refundable at the termination of your child's place provided that the required two weeks notice in writing is given. The bond may be used to cover and/or settle your final account.

Bond payments are payable to the service by EFTPOS, credit card, cheque or direct deposit.

B. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue your child's place at the service you are required to provide two (2) weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of two weeks fees to the service.

C. ABSENCES FROM THE CHILD CARE CENTRE

Fees are payable for any absences including family holidays and sick periods if those days fall on a day that your child is booked into the service.

D. SERVICE CLOSURE

No fee is charged while the service is closed over the Christmas period.

E . LATE FEE

Should children be present after the 6.30pm closing time, a late fee of \$2 per minute will apply.

F. PAYMENT OF FEES

Payment of fees is via Austral Cloud facility by direct debit. Payments are processed fortnightly on a Thursday, post your child's care date/s.

SECTION 11: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment form and Parent Handbook, which forms part of this agreement and which may be changed by notice from time to time by the service at its sole discretion (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children and are available at the service for me to view on request.
- I must strictly comply with the Policies and Procedures as outlined in the Parent Handbook at all times.
- The information provided in this enrolment form is correct to the best of my knowledge.
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment form (Notice of Change).
- When caring for my child/children the service will rely on the information provided by me in this enrolment form, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the service (Information).
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver and/or collect my child to/from the service or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures within the Parent Handbook and that they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service, its employees or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child, by me or any third party in connection with any act or omission by me and/or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person/s.
- I understand that fees must be paid once invoiced within the stated due date, that my child's place at the service may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.
- I expressly agree/s that I am liable for any recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by the service as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

SECTION 13: DECLARATION

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent / Guardian 1 Full Name (please print):

Signature:

Date: ___ ___ / ___ ___ / ___ ___ ___ ___

Parent / Guardian 2 Full Name (please print):

Signature:

Date: ___ ___ / ___ ___ / ___ ___ ___ ___

All Quality Child Care Pty. Ltd
 Trading as **Austral Cloud**
 Unit 3/84 Old Pittwater Road
 Brookvale NSW 2100
 (02) 9939 0998 ABN 74 106 036 355
www.australcloud.com.au

Direct Debit Request

Request and Authority to debit the account named below to pay
All Quality Child Care Pty. Ltd

Your Surname (or Company Name) _____

Given names(or ABN) _____ "you"

request and authorise All Quality Child Care Pty. Ltd. (Debit User **377231**) to arrange, through its own financial institution, a debit to your nominated account any amount All Quality Child Care Pty. Ltd. ,has deemed payable by *you*. This debit or charge will be made through the Bulk Electronic Clearing System from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

How would you like to pay for your childcare? Please complete section A or B

Section A Bank Account

Financial institution name _____

Name on account _____

BSB number
 (Must be 6 Digits) |__|__|__| - |__|__|__|

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

Section B Credit Card

Card Type
 MasterCard or Visa

Name on card

Card Number
 |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Expiry Date |__|__| / |__|__|

Signature
 of card holder _____

Acknowledgment

By **signing** and/or providing us with a **valid instruction** in respect to *your* Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and All Quality Child Care Pty. Ltd. as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Options

Your Account will be debited as required.
 The frequency and amount will be indicated on your Fees Payments Form.

Insert your signature and address

Signature _____ **Print Name** _____

Address _____

Email _____

Date ___ / ___ / ___ **Phone**

Phone (W) _____ (M) _____

All Quality Child Care Pty. Ltd
Trading as **Austral Cloud**
Unit 3/84 Old Pittwater Road
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(02) 9939 0998 ABN 74 106 036 355
www.australcloud.com.au

Direct Debit Request Service Agreement

The following is your Direct Debit Service Agreement with All Quality Child Care Pty. Ltd. Trading as Future Blocks ABN 74 106 036 355. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

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*.

banking 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 means the Direct Debit Request between *us* and *you*.

us or **we** means All Quality Child Care Pty. Ltd(AQCC). Trading as Future Blocks, (the Debit User) *you* have authorised by signing a *Direct Debit Request*.

you means the customer who has signed or authorised by other means the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

1. Debiting your account

1.1 By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

or

We will only arrange for funds to be debited from *your account* if we have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

1.3 If the *debit day* falls on a day that is not a *banking day*, we may direct *your financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

Amendments by us

2 We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen **(14) days** written notice.

3.1 Amendments by you

3.2 *You* may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen **(14) days** notification by writing to:

Your Childcare Provider or writing to AQCC Unit 3,84 Old Pittwater Rd, BROOKVALE NSW 2100

or

by telephoning your Childcare Provider or us on (02) 9939 0998 during business hours;

or

arranging it through your own financial institution.

4.1 Your obligations

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*.

- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
- (a) *you* may be charged a fee and/or interest by *your financial institution*;
 - (b) *you* may also incur fees or charges imposed or incurred by *us*; and
 - (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* 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 from *your account* are correct

4.4 If All Quality Child Care Pty. Ltd. Trading as Future Blocks is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay All Quality Child Care Pty. Ltd. Trading as Future Blocks on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5.1 **Dispute**

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly by contacting your Childcare Provider or AQCC by mail Unit 3, 84 Old Pittwater Road, Brookvale NSW 2100 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve your query more quickly. Alternatively *you* can take it up with your financial institution direct.

5.2 If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *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 in writing.

Accounts

6 *You* should check:

- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- (c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

7.1 **Confidentiality**

We will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *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 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).

8.1 **Notice**

8.2 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to your Childcare Provider or All Quality Child Care Pty. Ltd. Trading as Austral Cloud, Unit 3, 84 Old Pittwater Road, Brookvale NSW 2100

8.2 *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

8.3 Any notice will be deemed to have been received on the third *banking* day after posting.

Comments

Please contact your Childcare Provider in the first instance to have your questions or changes implemented.

Thank you

Revision 7 as at 6 August 2014