



21A Lomond Terrace, Geelong East, Vic.3219
 Ph: 03 5229 1326 Fax: 03 5229 1424
 Email: admin@geelongchildrenscentre.com.au
 www.geelongchildrenscentre.com.au
 ABN: 16 636 320 874

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35.

Days Requested

Days	Monday	Tuesday	Wednesday	Thursday	Friday
AM (7am-12pm)					
PM (1pm-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

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes No

Parent/Guardian Details

<i>Mother</i>	<i>Father</i>
Given Names _____	Given Names _____
Last Name _____	Last Name _____
Home Address _____ Postcode _____	Home Address _____ Postcode _____
Home Phone _____	Home Phone _____
Mobile _____	Mobile _____
Email _____	Email _____
Occupation _____	Occupation _____
Work Phone _____ Date of Birth / /	Work Phone _____ Date of Birth / /
Does the child live with the mother? Yes <input type="radio"/> No <input type="radio"/>	Does the child live with the father? Yes <input type="radio"/> No <input type="radio"/>
<i>Guardian (if applicable)</i>	<i>Guardian (if applicable)</i>
First Name _____	First Name _____
Last Name _____	Last Name _____
Home Address _____ Postcode _____	Home Address _____ Postcode _____
Home Phone _____	Home Phone _____
Mobile _____	Mobile _____
Email _____	Email _____
Occupation _____	Occupation _____
Work Phone _____ Date of Birth ... / /	Work Phone _____ Date of Birth / /
Does the child live with this guardian? Yes <input type="radio"/> No <input type="radio"/>	Does the child live with this guardian? Yes <input type="radio"/> No <input type="radio"/>

Are you applying for Child Care Benefit? Yes No

Customer CRN _____ Child CRN _____

CCB% _____ Eligible Hours _____

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 or access to the child?

Yes Please complete the following No (go to the next section)

1. Bring the **original** court order/s for staff to see and copy to attach to this enrolment form

2. If these orders:

a) Change the powers of a parent/guardian to:

- Authorise the taking of the child outside the service by a staff member of the service;
- Consent to the medical treatment of the child;
- Request or permit the administration of medication to the child; AND/OR
- Collect the child from the service,

b) Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

Authority to Collect/Emergency Contacts (Do not include parent/s name/s)

Your consent is required for other people to collect your child from *Geelong Children's Centre* on your behalf. Please complete the below details of those people you authorise to collect your child. This list will be used in event that if your child is not collected from the Centre and we cannot contact you as parents/guardians, to arrange someone to collect your child/children and or if your child/children has an accident, injury, trauma or illness.

I authorise the staff members of *Geelong Children's Centre* to give the following persons permission to collect my child.

** Please ensure these emergency contact persons are willing and able to collect your child in the event of an emergency.

<i>Contact 1</i>	<i>Contact 2</i>
First Name _____	First Name _____
Last Name _____	Last Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Mobile _____	Mobile _____
Work Phone _____	Work Phone _____
Relationship to Child _____	Relationship to Child _____

Medical Practitioner

Doctor/Medical Centre _____

Address _____

Phone _____

Does your child have a child health record? Yes No

If yes, please provide to the service for sighting

Child health record means a record that documents a child's health and development assessments and immunisations

Name and position of person at *Geelong Children's Centre* who has sighted the child's health record:

Name _____ Position _____

Medical Information

Does your 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 need

Does your child have any allergies or sensitivity? eg. foods, medicine, sunscreen, etc Yes No

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

Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis? Yes No
- Does your child have an auto injection device (eg EpiPen®)? 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, 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 _____

Meals

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

If yes, the following restrictions apply _____

Immunisations

Has your child been immunised? Yes No

*If yes, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record Book OR
- attaching a copy of the Immunisation Record printout from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- completing the table below using the child's Immunisation Record to **PROVIDE THE DATES OF IMMUNISATIONS RECEIVED.**

AGE	DISEASE	VACCINE BRAND	DATE
Birth	Hepatitis B	H-B-Vax II Paediatric	
2 Months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenza type b Pneumococcal Rotavirus	Infanrix hexa Prevenar 13 RotaTeq	
4 Months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenza type b Pneumococcal Rotavirus	Infanrix hexa Prevenar 13 RotaTeq	
6 Months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenza type b Pneumococcal Rotavirus	Infanrix hexa Prevenar 13 RotaTeq	
12 Months	Measles, mumps, rubella Haemophilus influenza type b Meningococcal C	Priorix Hiberix NeisVaccC	
12-35 Months	Pneumococcal	Prevenar 13	
18 Months	Chickenpox	Varilrix	
4 Years	Diphtheria, tetanus, pertussis, polio Measles, mumps, rubella	Infanrix IPV Priorix	

4 Year Old Kindergarten Program

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 by both programs.

- My child will **only** be attending the funded kindergarten program at *Geelong Children's Centre* Yes No

Parent/s / Guardian/s signature _____

Date _____ / _____ / _____

Routine

Does your child sleep during the day? Yes No

If so, when and for how long? _____

Does your child have a comforter? eg dummy/blanket/teddy Yes No

If so, what? _____

Does your child have a bottle during the day? Yes No

Any additional information that *Geelong Children's Centre* should know about your child (eg excessive fears, favourite activities, attending other childhood services)

Permission

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

- To use the name and/or photo of my child for Centre displays/Centre website/promotional use including media (cross out if any media type not accepted) Yes No
- To share group photos that my child is in, with families that use the service Yes No
- To apply sunscreen for outside play Yes No
- To be observed by staff and students for programming purposes Yes No

Parent/s / Guardian/s signature _____

Date _____ / _____ / _____

Consent to Emergency Medical Treatment

I/We _____ (Print full name)

a 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 s/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/s / Guardian/s 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 Children's Services Regulations 2009 (regulation 35(1) (d-e))

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 Services Regulations 2009 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 Children's Services Act 1996 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 advance on the first day of care for the week via Ezidebit. I understand that childcare fees will be due from 3rd January 2012. 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 3rd January 2012 in order to secure my place at the Centre
Note: Childcare benefit is not is 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, holiday and public holidays
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 undertake to 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 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 Management Policies booklet - Priority of Access Guidelines)
I/We acknowledge that I/we have read the Management Policies 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
I/We acknowledge that the staff at Geelong Children's Centre will check all children in the event of a case of head lice being detected at the Centre.

Parent/s / Guardian/s signature and Name/s _____

Parent/s / Guardian/s signature and Name/s _____

(To be signed by both parents or guardians where applicable)

Date ____/____/____

Director signature and Name _____

Date ____/____/____

Office Use Only

Acceptance Date ____/____/____

Parent/Guardian Notified Yes No

Date ____/____/____

Date entered into CentreCal ____/____/____



ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

Ph: (03) 5229 1326 Fax: (03) 5229 1424

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN, * Indicates a MANDATORY FIELD

Business: Geelong & District Day Nursery Incorporated ABN/ACN: 16636320874 **GDN GEN 29523**

Customer Reference:

*Surname: *Given Name:

*Mobile #:

*Email:

*Address:

*Suburb: *State: *Postcode:

DEBIT ARRANGEMENT | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Once Only Debit On Date: / / Debit this amount: \$

Regular Debits Starting on Date: / / Debit this amount: \$

Frequency: Weekly Fortnightly Monthly (Default) 4 Weekly

Duration: Continue regular debits until further notice (Minimum of Debits)

Until I have paid regular debits

Administration Fee (once only): \$2.20 Bank Account Transaction Fee: \$0.88 Credit Card Transaction Fee: VISA/MasterCard: 1.87% (Min \$0.88) AMEX/Diners: 4.4% (Min \$0.88)

CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard AMEX Diners

Card Number: Expiry Date: /

Name of Cardholder:

By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: Account Number:

Account Holder Name:

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.3) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.3) and I/We have read and understand same.

Signature(s) of Nominated Account: Date: / /



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.3)

DDR Service Agreement (Ver 1.3)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (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 4:00pm 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 is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my 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.

You appoint Ezidebit as your exclusive agent with regard to the control, management and protection of your personal information (relating to the Business and contained in this DDR Service Agreement). You irrevocably authorise Ezidebit to take all necessary action (which we deem necessary) to protect your personal information, including (but not limited to) prohibiting the release to or access by third parties without our consent.

You hereby irrevocably authorise, direct and instruct any third party who holds/stores keeps your personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on our written request.

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.

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, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www.ezidebit.com.au

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 authorise:

- a) Ezidebit to verify 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

Po Box 3327
Newstead, QLD 4006
Ph: (07) 3124 5500 Fax: (07) 3124 5555