



- Information contained herein is regarded as confidential and shall only be viewed by primary contact staff. Please read each section carefully before completing and signing.
- Please be aware that all days booked must be paid for, whether the child attends or not.
- Vacation Care – A separate program, booking form and permission note will be provided prior to each.

SECTION 1 - CHILD DETAILS

Child #1

School your child attends

Child's Full Name*

Gender Male Female

Address of child

Date of birth*

Country of birth

Child's nationality

Language/s spoken by child

Families' religion

Child's start date

Child's CRN*

**Details must be completed if you wish to claim govt. rebates.*

My child will attend Before School Care on the following days:

Permanent M T W T F \$23/day
 Casual \$26/day

My child will attend After School Care on the following days:

Permanent M T W T F \$27.90/day
 Casual \$33.90/day

My child will attend Vacation Care

Please complete and return Vacation Care Booking Form.
 We may be able to drop your child off to their afternoon activities (e.g. training or classes) Please provide us with details to see if we can organise drop off:

Does your child have any cultural, religious or dietary requirements or additional needs? Yes No

If Yes, please provide details:

For special dietary requirements please provide all food for your child/ren.
 I acknowledge that I am responsible for providing my child with all food.
 Please sign:

Child #2

School your child attends

Child's Full Name*

Gender Male Female

Address of child

Date of birth*

Country of birth

Child's nationality

Language/s spoken by child

Families' religion

Child's start date

Child's CRN*

**Details must be completed if you wish to claim govt. rebates.*

My child will attend Before School Care on the following days:

Permanent M T W T F \$23/day
 Casual \$26/day

My child will attend After School Care on the following days:

Permanent M T W T F \$27.90/day
 Casual \$33.90/day

My child will attend Vacation Care

Please complete and return Vacation Care Booking Form.
 We may be able to drop your child off to their afternoon activities (e.g. training or classes) Please provide us with details to see if we can organise drop off:

Does your child have any cultural, religious or dietary requirements or additional needs? Yes No

If Yes, please provide details:

For special dietary requirements please provide all food for your child/ren.
 I acknowledge that I am responsible for providing my child with all food.
 Please sign:

SECTION 1 (cont.) - CHILD DETAILS

Child #3

School your child attends

Child's Full Name*

Gender Male Female

Address of child

Date of birth*

Country of birth

Child's nationality

Language/s spoken by child

Families' religion

Child's start date

Child's CRN*

*Details must be completed if you wish to claim govt. rebates.

My child will attend Before School Care on the following days:

Permanent M T W T F \$23/day

Casual \$26/day

My child will attend After School Care on the following days:

Permanent M T W T F \$27.90/day

Casual \$33.90/day

My child will attend Vacation Care

Please complete and return Vacation Care Booking Form.

We may be able to drop your child off to their afternoon activities (e.g. training or classes) Please provide us with details to see if we can organise drop off:

Does your child have any cultural, religious or dietary requirements or additional needs? Yes No

If Yes, please provide details:

For special dietary requirements please provide all food for your child/ren.

I acknowledge that I am responsible for providing my child with all food.

Please sign:

.....

Child #4

School your child attends

Child's Full Name*

Gender Male Female

Address of child

Date of birth*

Country of birth

Child's nationality

Language/s spoken by child

Families' religion

Child's start date

Child's CRN*

*Details must be completed if you wish to claim govt. rebates.

My child will attend Before School Care on the following days:

Permanent M T W T F \$23/day

Casual \$26/day

My child will attend After School Care on the following days:

Permanent M T W T F \$27.90/day

Casual \$33.90/day

My child will attend Vacation Care

Please complete and return Vacation Care Booking Form.

We may be able to drop your child off to their afternoon activities (e.g. training or classes) Please provide us with details to see if we can organise drop off:

Does your child have any cultural, religious or dietary requirements or additional needs? Yes No

If Yes, please provide details:

For special dietary requirements please provide all food for your child/ren.

I acknowledge that I am responsible for providing my child with all food.

Please sign:

.....

SECTION 2 - CHILD CARE BENEFIT

Will you be claiming Child Care Benefit? Yes No

If Yes, please provide details

Name of person claiming

Date of Birth

Address

Will you be claiming CCB weekly or as a lump sum payment?

Weekly Lump Sum Payment

SECTION 3 - PARENT/GUARDIAN DETAILS

Parent/Partner/Guardian #1

Name*

Relationship to Child

Date of Birth*

Address

Home phone number

Mobile phone number

Are you an Australian resident? Yes No

Country of birth

Date arrived in Australia (if applicable)

Language/s spoken at home

Occupation

Employer

Work address

Work telephone number

Hours of work

Email Address

CRN*

* Details must be completed if you wish to claim govt. rebates.

Parent/Partner/Guardian #2

Name*

Relationship to Child

Date of Birth*

Address

Home phone number

Mobile phone number

Are you an Australian resident? Yes No

Country of birth

Date arrived in Australia (if applicable)

Language/s spoken at home

Occupation

Employer

Work address

Work telephone number

Hours of work

Email Address

CRN*

* Details must be completed if you wish to claim govt. rebates.

SECTION 4 - EMERGENCY CONTACTS

I hereby authorise the staff of the centre to contact the following people, if I cannot be contacted, in the case of an emergency. Please supply at least 2 names, other than the child's parents / guardians.

Name	Address	Mobile	Work Phone	Relationship to Child
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NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency and asked to collect your child when you cannot be contacted.

Authority to collect your child from the Centre

I hereby authorise the staff of Centre to allow the following people to collect my child from the centre.

Name	Address	Mobile	Work Phone	Relationship to Child
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NOTE: It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the centre.

SECTION 5 - CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child? Yes No

If Yes, please provide details

NOTE: The centre cannot enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Coordinator before enrolment.

SECTION 6 - MEDICAL INFORMATION

Family Doctor's name		Has your child ever been hospitalised?	YES	NO	
Address		If YES please provide details			
Telephone number					
Does your child have any allergies (including asthma or anaphylaxis) or medical conditions?	YES	NO	Has your child received the necessary immunisation for their age?	YES	NO
If YES please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable			If NO, please detail reason		
Does your child require regular medication?	YES	NO	Is your family a member of a Private Health Fund?	YES	NO
If YES please provide details			If yes, which one?		
Family Medicare Number			Membership No		

NOTE: Medication will only be administered to a child in accordance with the Centre's Medication Policy.

SECTION 7 - INDIVIDUAL INFORMATION

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

If your child/ren is a fussy eater please supply your own food		Is your child attending another centre at the moment?	YES	NO
Does your child fear anything in particular?	YES	NO	If YES, please provide details	
If YES, please provide details				
Are there any words that have special meaning to your child that we may need to know?	YES	NO	Please provide details about your child(ren's) interests, for example, hobbies, sport, books, games, art and craft, music, etc.	
If YES, please provide details				

NOTE: Centre staff will also talk to your child(ren) about their interests on a regular basis and where possible these interests will be accommodated.

SECTION 8 - 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 next to it. Please be advised that Points 7 and 8 are compulsory.

1 Permission to seek medical assistance in an emergency

That 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 and transportation of the child by Ambulance.

2 Permission to carry out appropriate first aid treatment in an emergency

That 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.

SECTION 8 (cont.) - AUTHORISATION AND APPROVAL (PERMISSION)

3 Permission for staff to give medicine in case of emergency

I hereby authorise 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.

4 Permission for excursions

I hereby give permission for my child to attend excursions or outings in the local area. Please do not send your children to the Centre on excursion days in a strapless/singlet top/dress. Whilst we apply sunscreen to all children we cannot be responsible for children who are inappropriately dressed for hot weather conditions. For swimming activities we encourage all children to wear a rash vest and hat in the water.

NOTE: Separate permission forms for Vacation Care are required to be completed.

Children who attend the Centre without a drink bottle will be given a 600ML bottle of water to use throughout the day & a \$4 per bottle charge will be made to parents account.

5 Permission for the application of sunscreen

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

» **Additionally, all children are required to bring a hat. We have a "No Hat, No Play" policy.**

6 Permission for photographs/videos to be taken

I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion.

NOTE: There are a number of reasons the centre takes photographs/videos of the children, including: Providing visual documentation for families to see what their child does throughout the day; To assist with evaluations of the program. To use as part of promotion and publicity for the centre.

7 Notification of arrival and departure of children at the centre

I agree to have my child signed in and out via the appropriate computer program or documentation at the centre on arrival and departure each day they attend the Centre.

8 Child absence

I agree to notify the Centre if my child is absent from the Centre on a day that they are booked in. No refunds or transfer of payment is possible if your child is absent for any reason.

NOTE: If your child is absent from the centre a medical certificate must be provided to explain absences. The Centre needs to record the amount of allowable and approved absences your child is entitled. This is a requirement from the Department of Family and Community Services. Each child receives a certain number of allowable absence days at the beginning of the financial year that is paid by Child Care Benefit (CCB).

I have read all the information in this section and agree to give my permission.

Please Sign **Date**

SECTION 9 - PAYMENT OF FEES

Objectives • To ensure that the Centre is paid for services provided • To ensure parents do not run into debt

Procedure

1 Administration

Please note that with every 2018 enrolment form there is a \$25 admin fee.

2 Fee payment

Please be advised that the fees have changed for 2018.

Before and After School Care

All family statements are charged and emailed to parents on a Thursday so they can check the fees allocated to their account and advise us of any discrepancies.

As per our Parent Information Handbook - all fees are due and payable 2 weeks in advance. Weekly fees are payable to the Centre by Ezi debit. Please ask staff for an Ezi debit form, or please check our website for Ezi debit forms.

If your Ezi debit payment declines please note there is a \$10 charge by the Centre.

When the family statements are issued, if there are any outstanding fees, a \$10 per week late charge will be applied until the account returns to a nil balance.

Casual Bookings

All accounts must be paid in full at time of booking and there is no refund or transfer of payment or day of care possible if your child does not attend for any reason.

When the family statements are issued, if there are any outstanding fees, a \$10 per week late charge will be applied until the account returns to a nil balance.

Vacation Care Bookings

All accounts must be paid in full at time of booking and there is no refund or transfer of payment or day of care possible if your child does not attend for any reason.

When the family statements are issued, if there are any outstanding fees, a \$ 10 per week late charge will be applied until the account returns to a nil balance.

Failure to pay the unpaid fees within two weeks of the date of care will result in debt recovery action being taken and discontinuation of care for the child unless the parent/s have immediately initiated a repayment schedule for the late fees with the OOSH Co-ordinator, and can meet the fortnight fee payment in advance requirements. Failure by parent/s to do so will result in immediate discontinuation of care for the child and your child will not be accepted into the Centre.

3 Notice of discontinuation of attendance

When you wish to discontinue and terminate your child care place at the centre you are required to provide two (2) weeks written notice to the OOSH Co-ordinator, Carly Alexander, oosh@cheekymonkeysplayhouse.com.au, or you are liable to pay the equivalent of two weeks child care fees to the centre.

4 Absences from the child care centre

Fees are payable for bank/public holidays, family holidays and sick periods if those days fall on a day that your child is booked into the Centre.

5 Centre closure

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

6 Late fee

The Centre is open from 2.30pm to 6.00pm for After School Care and 6:45am to 6:00pm for Vacation Care. Staff are unable to accept children in the centre outside of these hours. Should children be present after the 6.00pm closing time, a late fee of \$2.00 per minute after 6pm will apply. This fee will be charged to your account and paid to the carer.

7 Payment of fees

I understand that fees must be paid once invoiced within the stated due date, that my child's place at the centre 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.

8 Costs of debt recovery

I (The Client) (The Parent) 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's name) as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment (alternatively the number of days) specified this agreement.

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 10 - DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the centres procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the Centre at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- When caring for my child/children the centre will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the Centre.
- 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/children to/from the centre or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures 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 Centre its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, 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 have read all the information in this section and agree to the terms. I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent and or Guardian's Full Name

Please Sign

Date

OFFICE USE ONLY The OOSH Co-ordinator/Certified Supervisor is to read each page thoroughly and check that all sections have been completed in full. Please initial each page in the place allocated as an indication that the page was completed in full at the time it was submitted by the parent / guardian. The OOSH Co-ordinator/Certified Supervisor should use this as an opportunity to clarify any questions that the parent / guardian may have.



ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

Ph: 02 9999 0388
Fax: 02 9979 1533

NEW CUSTOMER FORM

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

Business: Cheekv Monkeys Play House Pty Ltd ABN/ACN: 64 119 662 163 **C3M GEN 34102**

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

I/We authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by Cheeky Monkeys Play House Pty Ltd ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.3).

Start Date: / / Weekly Fortnightly

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

CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard

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

DDR Service Agreement (Ver 1.3)