



- 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 \$23.50/day
 Casual \$26.50/day

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

Permanent M T W T F \$28.40/day
 Casual \$34.40/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 \$23.50/day
 Casual \$26.50/day

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

Permanent M T W T F \$28.40/day
 Casual \$34.40/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 \$23.50/day
 Casual \$26.50/day

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

Permanent M T W T F \$28.40/day
 Casual \$34.40/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 \$23.50/day
 Casual \$26.50/day

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

Permanent M T W T F \$28.40/day
 Casual \$34.40/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 Subsidy? Yes No

If Yes, please provide details

Name of person claiming

Date of Birth

Address

Important:

Please link our Cheeky Monkeys OOSH Childcare Service to your MyGov account so you are able to claim your benefits.

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

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

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

Address

Telephone number

Does your child have any allergies (including asthma or anaphylaxis) or medical conditions? 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

Does your child require regular medication? YES NO

If YES please provide details

Family Medicare Number

Has your child ever been hospitalised? YES NO

If YES please provide details

Has your child received the necessary immunisation for their age? YES NO

If NO, please detail reason

Is your family a member of a Private Health Fund? YES NO

If yes, which one?

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

Does your child fear anything in particular? YES NO

If YES, please provide details

Are there any words that have special meaning to your child that we may need to know? YES NO

If YES, please provide details

Is your child attending another centre at the moment? YES NO

If YES, please provide details

Please provide details about your child(ren's) interests, for example, hobbies, sport, books, games, art and craft, music, etc.

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 Subsidy (CCS).

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 2019 enrolment form there is a \$25 admin fee.

2 Fee payment

Please be advised that the fees have changed for 2019.

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 Debit Success. Please ask staff for a Debit Success form, or please check our website for Debit Success forms. If your Debit Success payment declines please note there is a Debit Success Fee of up to \$11.90 for each unsuccessful debit in addition

to any financial institution charges and collection fees. Please refer to Debit Success Terms.

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 via our email: 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.



Cheeky Monkeys Play House
 1101/4 Daydream Street, WARRIEWOOD
 Ph: 9999 0388
 ABN 64 119 662 163



ABN 32 095 551 581
 APCA ID 184534 | AFSL 338256

Direct Debit Request - Authorisation Form

Direct Debit Request - Authorisation Form

First Name	<input type="text"/>	Surname	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>

Select from the following:

New Account

Change Debit Limit

Change Account Details

Payment Details

Payment Limit Amount This is the maximum amount to deduct at each centre where a balance occurs.
\$0.00 or Blank = No Limit

Surcharge Visa/MasterCard AMEX Bank Account

Payment frequency Weekly (default) Fortnightly 4-Weekly Day of the week

 Monthly Day of the month

First Payment Date / /

Direct Debit from Bank Account, Building Society or Credit Union

Details of the Account to be debited (All Details must be supplied):

Account Name

BSB Number

Account Number



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

Credit Card

Please charge my payments to my Visa MasterCard AMEX

Card number

Expiry Date / Name on Card

Signature

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.

Authorising Signature (s) Date / /

PLEASE PRINT OUT AND SIGN. FORM NOT VALID UNLESS SIGNED.



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1101/4 Daydream Street, WARRIEWOOD
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Terms and Conditions

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 184532 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business). I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

RELATIONSHIP

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time as provided for within the agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business. I/We do not require Debitsuccess to notify me/us of such variations to the debit amount. I/We acknowledge that variations to the debit arrangement will be directed to the Business. I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements. I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement will be directed to the Business.

NON WORKING DAY

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or the Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

DISHONoured PAYMENTS

I/We acknowledge that: -if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges up to \$11.90 for each unsuccessful debit in addition to any Financial Institution charges and collection fees, including and not limited to any fees of solicitors and collection agents appointed by Debitsuccess; and -Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from a credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of a replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputed debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to contact the Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:
The Debit User to verify details of my/our account with my/our Financial Institution; and
The Financial Institution to release information allowing the Debit User to verify my/our account details.

INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep any of your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

to the extent specifically required by law; or
for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact:

Debitsuccess Pty Ltd.
PO Box 577, Mt Waverley, Vic, 3149
Phone: 1800 148 848
E-mail: customerservice@debitsuccess.com