



Liwara Catholic Outside School Hours Care Annual Update Enrolment Forms for Children Currently Enrolled 2020

Child's Information:

Surname: First Names:
Address: Post Code:
Phone: DOB: M / F:
Child CRN:

Cultural background:

Country of birth: Languages spoken:

Does your child have any allergies, medical or other conditions: ☐ YES ☐ NO

If yes, please provide further information and an action plan attached.

Does your child have any other additional needs (including dietary needs)?

.....
.....

Birth Certificate sighted: ☐

Immunisation (up to date details): ☐

Please attach copied documents and keep on file.

Bookings Request:

All permanent bookings require 1 week notice to cancel care.

Start Date: School Attending

Classroom/Year Level..... Teachers Name.....

Care type; Regular booking ☐

Casual Booking ☐

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					

	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Parent/Guardian Information:

The details of each known parent must be provided (National regulations 102,106-162)

Parent/Guardian (Person responsible for the account)	Parent/Guardian
Name:	Name:
DOB:	DOB:
CRN:	CRN:
Address:	Address:
P/C:	P/C:
Phone:	Phone:
Mob:	Mob:
Email:	Email:
Occupation:	Occupation:
Place of Work/Study:	Place of Work/Study:
Address:	Address:
P/C:	P/C:
Work Phone:	Work Phone:
Country of Birth:	Country of Birth:
Languages Spoken:	Languages Spoken:
Cultural Considerations:	Cultural Considerations:
Care required for (work/study/respite/other):	Care required for (work/study/respite/other):
Talents/Hobbies that can be shared with children:	Talents/Hobbies that can be shared with children:

Custody Arrangements:

Are there any of the follow court orders in place for your child? If Yes, please tick the orders that are in place and provide service with a copy of the order.

Parenting Plans ☐ YES ☐ NO

Residence ☐ YES ☐ NO

Access to People ☐ YES ☐ NO

Contact with Parent ☐ YES ☐ NO

Child's Medical Practitioner

Name:

Address:

Telephone no: Medicare no:

We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts we may deem it necessary to call an ambulance

Authorised Persons to Collect Child from Service

PERSONS WHO HAVE PERMISSION TO COLLECT MY CHILD FROM THE SERVICE MUST BE 18 YEARS OF AGE. THEY WILL BE REQUIRED TO SHOW PHOTO IDENTIFICATION (DRIVERS LICENSE) WHEN COLLECTING CHILD. CHILD WILL NOT BE RELEASED IF THERE IS NO PHOTO IDENTIFICATION OF PERON COLLECTING CHILD. CHILD WILL NOT BE RELEASED TO AN INTOXICATED PERSON.

Contact One

Collect Child from Service

☐ YES ☐ NO

Excursion Permission

☐ YES ☐ NO

Authorised person to deliver / collect child:

Name:

Home Phone:

Work Phone:

Mobile:

Relationship to your child:

Contact Two

Collect Child from Service

☐ YES ☐ NO

Excursion Permission

☐ YES ☐ NO

Authorised person to deliver / collect child:

Name:

Home Phone:

Work Phone:

Mobile:

Relationship to your child:

Authorised Emergency Contacts

In case of an emergency, Liwara Catholic Outside School Hours Care will contact the parents/guardian initially. If they are unable to be contacted immediately, we will contact the following people in the order that they are listed.

Contact One: Authorised Emergency Contacts
Name:
Home Phone:
Work Phone:
Mobile:
Relationship to your child:

Please tick each box that you give emergency contact to authorise.

- | | |
|--------------------------------------------------------|----------------------------------------------------------|
| Medical Treatment | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Administration of Medication | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Ambulance to be Called | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Educator to Accompany child in Ambulance (if required) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Excursion Permission | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Collect child from Service | <input type="checkbox"/> YES <input type="checkbox"/> NO |

AUTHORISED EMERGENCY PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

Contact Two: Authorised Emergency Contacts
Name:
Home Phone:
Work Phone:
Mobile:
Relationship to your child:

Please tick each box that you give emergency contact to authorise.

- | | |
|--------------------------------------------------------|----------------------------------------------------------|
| Medical Treatment | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Administration of Medication | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Ambulance to be Called | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Educator to Accompany child in Ambulance (if required) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Excursion Permission | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Collect child from Service | <input type="checkbox"/> YES <input type="checkbox"/> NO |

AUTHORISED EMERGENCY PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

Permissions:

I give my permission for: (Please circle YES or NO)

1. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity. **YES / NO**
2. For educators at the service to take my child on excursions by foot within the local community, destination may include: **YES / NO**
3. My child being observed by educators and students for programming purposes. **YES / NO**
4. I agree that in the case of accident or injury, the centre will contact me. If they cannot reach me, they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise them to seek medical treatment for my child. **YES / NO**
5. If they deem it necessary, I agree for them to call an ambulance to take my child to hospital and agree to meet any expenses incurred. **YES / NO**
6. Staff are permitted apply sunscreen to my child, if my child has sensitive skin, I will provide their own sunscreen for them to use. **YES / NO**
7. Accounts and correspondence to be sent to me electronically (to the email address provided on this enrolment form). **YES / NO**

Registration Agreement - Please tick all boxes of consent

- ☐ I agree to pay my fees through Debit Success and have read and completed the required documentation.
- ☐ I understand that the family information booklet is on the school website and I understand any updates to policy will be displayed on the notice board or in the centre newsletter.
- ☐ I understand that I need to comply with all Government requirements in relation to the Centre and its service.
- ☐ I will advise the Centre as soon as practicable of any updates to my circumstances.
- ☐ I understand that it is my responsibility to fulfil any obligations required to receive Child Care Subsidy (CCS).
- ☐ I agree to pay my fees two weeks in advance as determined by the fee payment policy.
- ☐ I am aware that any failure to pay fees may result in cancellation of my child's place at the centre.
- ☐ I am aware that fees will be reviewed annually, and I will receive a minimum of two (2) weeks' notice of any changes being made.
- ☐ I am aware that one weeks' notice in writing of cancellation of care for permanent or casual bookings.
- ☐ I understand that a system of payment for late collection operates at the centre and that I am responsible for the payment of any fees incurred.
- ☐ I am aware of the services opening and closing times (7.00am – 6.00pm)
- ☐ I am aware that my child will be excluded from care at the centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met.
- ☐ I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by centre staff.
- ☐ I have presented the centre with a copy of my child's current immunisation details and birth certificate.

- ☐ I have read and understand the Privacy Statement.
- ☐ I agree that my child's photograph may be taken or recorded at the service to use within the service and school in accordance with your signed Liwara Catholic Primary School's Publicity and use of Student Images Agreement.
- ☐ The Centre reserves the right to cancel care if it considers doing so would be in the best interest of the Centre. Two weeks' notice of cancellation of care will be provided and any outstanding fee credits reimbursed up conclusion of care at the centre.

I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name: _____

Date _____

Signature _____

Privacy Agreement

Liwara Catholic Outside School Hours Care located at Liwara Catholic Primary School, maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all of our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with child care and Child Care Subsidy laws.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent / Guardian (1) Name: Date:

Signature of Parent/Guardian (1):

Parent / Guardian (2) Name: Date:

Signature of Parent/Guardian (2):

Daily Schedule of Fees

For the 2019/2020 Financial Year

(Effective. 1/7/2019)

Liwara Catholic Outside School Hours Care

Service Type	Normal Session Period	Rate
Before School Care	7:00am – 8:30am	\$20
After School Care	2:50pm - 6:00pm	\$30
Vacation Care	7:00am – 6:00pm	\$75

The actual costs incurred by parents/guardians are decreased by any Child Care Subsidy to which your family is entitled (calculated based on hours worked, family income, daily fees incurred and hours of sessional child care per day). Because your Child Care Subsidy is paid directly to Liwara Catholic Outside School Hours Care for ease of administration you should be charged only the net amount of fees incurred. Estimate your Child Care Subsidy by using the calculator at www.education.gov.au/sites/education/files/sch/index.html

Name: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian: _____

This information is to be read in conjunction with the Service Agreement and the Fee Schedule FY 2019/2020 which together, form the **Compliant Written Agreement** consistent with the guidelines for Child Care Subsidy.

Childcare Provider:

Company: Liwara Catholic Outside School Hours Care

Phone: 0477994123

Email: oshc.liwara@cewa.edu.au

Address: Liwara Catholic Outside School Hours Care,
Liwara Catholic Primary School,
5 Tuart Rd,
GREENWOOD WA 6024

Website: www.liwara.wa.edu.au

ABN: 74251035875

Service ID: SE-00012876

myGov:

Have you obtained a myGov account (please circle) Yes/No

Have you completed a Child Care Subsidy Assessment (please circle) Yes/No

Type of Care

What type of care are you seeking (please circle)

a) Before School Care

b) After School Care

c) Casual care only

Dates of Care

Planned date that care will commence: _____

Planned date that care will cease (if known): _____

Care Schedule and Sessions:

Please circle your routine care days. A Session for Before School Care is 1.5 hours and After School Care is 3.10 hours.

Type of Care and Opening Hours	Day of the Week				
Before School Care 7am – 8.30am	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care 2.50pm – 6.00pm	Monday	Tuesday	Wednesday	Thursday	Friday

Information to help us plan for your child

We believe that it is important for parents and guardians to contribute towards program development. To do this, we ask you to complete the following questions. All comments and information about your child are valued and appreciated. We will use them to help us tailor our program to your child's interests and needs.

My child's name _____

My child likes to

My child's favourite outdoor activities include

My child's favourite indoor activities include

My child loves to eat

My child would prefer not to eat

Any other comments



LIWARA CATHOLIC PRIMARY SCHOOL OSHC
A: 5 Tuart Road, Greenwood, WA, 6024
P: 08 9448 3811
ABN: 74 251 035 875



APCA ID 518466 | AFSL 338256

Direct Debit Request - Authorisation Form

Customer Details

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"/>	Child's Name:	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Email Address:	<input type="text"/>		

Select from the Following

<input type="checkbox"/> New Account	<input type="checkbox"/> Change Debit Limit	<input type="checkbox"/> Change Account Details
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Payment Details

Payment Limit Amount:	<input type="text"/>	<i>This is the maximum amount to deduct at each centre where a balance occurs, can not be less than \$100.00.</i>	
<small>\$0.00 or Blank = No Limit</small>			
Surcharge:	Visa/MasterCard: 2.35%	AMEX: 4.40%	Bank Account: <input type="text"/>
			<input type="text"/> Paid by Business
Payment frequency:	<input type="checkbox"/> Fortnightly	Admin Fee:	<input type="text"/> Paid by Business
First Payment Date:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Penalty Fee:	\$14.95

Direct Debit from Bank Account, Building Society Or Credit Union

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

Account Name:	<input type="text"/>
BSB Number:	<input type="text"/>
Account Number:	<input type="text"/>



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 518466 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:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Card number:	<input type="text"/>		
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Name on Card:	<input type="text"/>

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



ABN 32 095 551 581
APCA ID 518466 | AFSL 338256

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 518466 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 if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our 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.

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.

DISHONoured PAYMENTS

I/We acknowledge that:

- (a) if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and
- (b) 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 the 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 any replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:

- (a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep 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:

- (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).

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

Debitsuccess Pty Ltd.

PO BOX 5567, Stafford Heights QLD 4053

Phone: 1800 956 959

E-mail: qkclients@debitsuccess.com