

Please tick appropriate box

PLEASE COMPLETE FORM USING BLOCK LETTER OR CLEAR WRITING

School Name:

Days of attendance: Before School Care Mon Tues Wed Thur Fri
 After School Care Mon Tues Wed Thur Fri

Start date: / /

CHILD'S INFORMATION

Given name Family names

Former / other names Gender Date of birth / /

CRN Place of birth

Residential address Postcode

Cultural background Home language spoken

Is your child Aboriginal Torres Strait Islander both Language Group

PARENT / GUARDIAN 1 INFORMATION

Given name Family names

Relationship to child Date of birth (requirement of CCB) / /

CRN Country of birth.....

Residential address Postcode

Home phone Mob Work

Email

Occupation Place of employment or study.....

Home languages spoken Aboriginal Torres Strait Islander Both

County

Concession / Health Care card holder? No Yes Preferred contact method Home Phone Mobile Email
 Work Phone

PARENT / GUARDIAN 2 INFORMATION

Given name Family names

Relationship to child Date of birth (requirement of CCB) / /

CRN Country of birth.....

Residential address Postcode

Home phone Mob Work

Email

Occupation Place of employment or study.....

Home languages spoken Aboriginal Torres Strait Islander Both

County

Concession / Health Care card holder? No Yes Preferred contact method Home Phone Mobile Email
 Work Phone

FAMILY STATUS

Both parents at home Sole Parent Shared Custody Other

.....

CUSTODY ARRANGEMENTS

If you are separated or divorced, who has legal custody of the child? Parent 1 Parent 2 Both

Parent 1 access arrangements Full Limited

Parent 2 access arrangements Full Limited

Are there any court orders relating to the powers/responsibilities of the parents in relation to the child access to the child?
 No Yes

Please provide a copy of any relevant Court Order and a photo of any person who is the subject of a Court Order relating to the child.

EMERGENCY CONTACTS AND AUTHORISATIONS

In case of emergency and we are unable to contact either parent, we are required to have a list of other people who are emergency contacts for your child. These people must be able to authorise consent of medical treatment, approve hospital or ambulance service or approve the administration of medication to your child in case of emergency. Please provide at least one contact.

Name Relationship to child

Address Postcode

Contact phone number Mobile

Is authorised to:

Collect my child Yes No To be contacted in an emergency Yes No

Leave the premises with my child in an emergency Yes No Consent to administration of medication Yes No

Consent to my child's participation in an excursion Yes No

Name Relationship to child

Address Postcode

Contact phone number Mobile

Is authorised to:

Collect my child Yes No To be contacted in an emergency Yes No

Leave the premises with my child in an emergency Yes No Consent to administration of medication Yes No

Consent to my child's participation in an excursion Yes No

Name Relationship to child

Address Postcode

Contact phone number Mobile

Is authorised to:

Collect my child Yes No To be contacted in an emergency Yes No

Leave the premises with my child in an emergency Yes No Consent to administration of medication Yes No

Consent to my child's participation in an excursion Yes No

THIRD PARTY BILLING DETAILS (NOMINATED THIRD PARTY TO PAY FEES)

Third party fees are charged at full fees

Name on invoice

Address Postcode

Email

Phone..... Contact person

I consent for child care fees to be paid by a nominated third party and understand I am liable for any unpaid fees not paid by the third party.

AUTHORISATIONS

Consent for administration of First Aid, paracetamol and sunscreen.

I hereby give permission for staff to administer paracetamol to my child should they have a fever over 38 degrees Celsius and is in discomfort or pain and all other methods used to lower the temperature have failed. I understand that the staff will advise me if paracetamol is administered to my child and I will be required to collect my child immediately from the centre.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

I hereby give permission for staff to apply NSW Cancer Council approved SPF 30+ sunscreen to my child.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

I hereby give permission for basic first aid supplies to be used in the event of first aid being required for my child.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

Permission for staff to act in case of an emergency.

I authorise staff to seek emergency, medical, dental or hospital treatment for my child due to an accident or illness. This may include staff following the direction of medical personnel and / or transport by ambulance to the hospital. In the event of an accident or illness requiring emergency treatment, every effort will be made to contact the parents/guardians listed as those as alternative contact persons.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

Permission for publicity and display.

I consent to my child's photograph, video image and or artwork with my child's first name and age being used for publicity for Gowrie NSW. As well as in organisation publications, this information may also be included on the Gowrie website, social media, digital documentation and annual reports.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

I give permission for my child's work, including photographs, observations and learning stories to be displayed in the centre. This may be in written or digital form.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

If photographs are requested by the media, parental consent specific to each occasion will be sought.

PARENT AGREEMENT

I understand that Gowrie NSW policies and procedures are available in the centre I have read and understood the Gowrie NSW Family Handbook including the information relating to payment of fees.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

Document Return Checklist

[] Direct Debit Form [] Immunisation Statement [] Health Management Plan (if applicable)

Direct Debit Request - Authorisation Form

Customer Details

First Name: Surname:

Phone: Mobile:

Date of Birth: / /

Address:

Suburb: State: Postcode:

Phone Number: Email Address:

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
so.00 or Blank = No Limit

Surcharge: Visa/MasterCard: AMEX: Bank Account: Admin Fee:

Payment frequency: Weekly (default) Fortnightly 4-Weekly Monthly

Day of the week:

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 / /

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 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