



CHILDREN IN OTHER CARE BIRTH CERTIFICATE SIGHTED ALLERGIES OR ADDITIONAL NEEDS PHOTO ID PROVIDED

**BEFORE & AFTER SCHOOL CARE
VACATION CARE ENROLMENT FORM**

THE FOLLOWING INFORMATION IS CONFIDENTIAL

Child's Surname: _____ First Names: _____

Address: _____

_____ Postcode: _____

Tel. No. _____ D.O.B. _____ Male/Female _____ CRN: _____

School: _____ Grade/Class no: _____

Email _____

Language/s spoken at home: _____

Parent/Guardian (1)(Parent enrolling who has CCB approval)

Surname: _____ First Names: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ CRN: _____

Place of Work: _____ Tel: No.: _____

Hours of Work: from: _____ to _____ MOTHERS D.O.B. _____

Parent/Guardian (2)

Surname: _____ First Names: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ CRN: _____

Place of Work: _____ Tel: No.: _____

Hours of Work: from: _____ to _____ FATHERS D.O.B. _____

Please Note: C.R.N. = Customer Reference Number (Child Care Benefit)

I/We are aware that the person/s named here as parent/guardian are the authorised parties to enrol and cancel enrolment, and to nominate who will collect the child from the Centre.

Signed: _____ Signed: _____

Date: _____ Date: _____

PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

CUSTODY OF CHILD:

a. Have any orders been made by any court regarding your child? **YES/NO**

b. If NO, are there any disputes concerning custody of the child?
Please provide details: _____

c. If YES, please provide the following:
Details of orders relating to the long term care, welfare and development of the child; residence of the child; contact person with the child:

Enrolling Parent's signature: _____

Date information supplied: _____

Please attach copies of relevant Court forms, documentation.

EMERGENCY CONTACTS: (This must be someone that is NOT a parent, eg. Family friend, Aunty, Grandparent)

Please list people who you authorize to take the child from the premises in an emergency:

1. Name _____ Ph: _____

Address: _____

Postcode: _____ Relationship to child: _____

2. Name _____ Ph: _____

Address: _____

Postcode: _____ Relationship to child: _____

Please tick ✓ below the days you anticipate your child will be attending the centre each week.

Days Requiring Care

	Monday	Tuesday	Wednesday	Thursday	Friday	Occasionally
Before						
After						

Starting Date _____ Name of School _____

FAMILY DOCTOR:

Family Doctor's Name: _____ Phone: _____

Address: _____

Medicare No: _____ Ambulance No: _____

ACCIDENTS, ILLNESS & EMERGENCIES: Please sign at the bottom of the page to accept terms and conditions of enrolment

We regret we are unable to care for sick children, or children with a contagious illness. In the event of an illness or accident (when parents/guardians or authorised person/s cannot be contacted), I/we consent to medical or hospital attention being sought for the child. I/we agree to pay any expenses incurred for medical treatment and transport.

In the case of an emergency when those people authorised to collect the child cannot be contacted, I/we consent to the licensee or supervising officer having due regard to the wellbeing of the child, authorising an adult staff member who is responsible for the child to take the child from the child care centre.

PERMISSIONS:

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

1. My child to be transported on the Centre's bus (or vehicles of staff at Fun-A-Rama) **YES / NO**
2. My child to participate in all activities offered in the Program. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child/ren to participate in a particular activity. **YES / NO**
3. For staff at the centre to take my child on excursions by foot within the local community. **YES / NO**
4. My child to use the oval, playground and other licensed areas of the school when supervised by an educator **YES / NO**
5. My child being observed by educators and students for programming purposes. **YES / NO**
6. a) My child's photograph, to be taken or recorded at the centre for use within the centre (May include photo development and/or printing outside the centre) **YES / NO**
b) Publish my child's photograph, name and age in local papers or publicity materials in regard to publicity for the centre. **YES / NO**

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____

PARENT'S STATEMENT

The information given in this enrolment form is true and correct.

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____



Childhood immunisation schedule

Use the checklist below to tick off your child's immunisations as you go.

Age	Disease protected against	
Birth	<ul style="list-style-type: none"> Hepatitis B (1 injection) <i>(usually offered in hospital)</i> 	<input type="checkbox"/>
6– 8 weeks	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, poliomyelitis, haemophilus influenzae type b (1 injection) Pneumococcal (1 injection) Rotavirus (drops in mouth) 	<input type="checkbox"/>
4 months	As above	<input type="checkbox"/>
6 months	As above	<input type="checkbox"/>
12 months	<ul style="list-style-type: none"> Haemophilus influenzae type b, meningococcal C (1 injection) Measles, mumps, rubella (1 injection) 	<input type="checkbox"/>
The following groups need an additional vaccine at 12 months:		
Aboriginal children	<ul style="list-style-type: none"> Hepatitis A (1 injection) 	<input type="checkbox"/>
Pre-term or low birth weight	<ul style="list-style-type: none"> Hepatitis B (1 injection) 	<input type="checkbox"/>
Medically at risk	<ul style="list-style-type: none"> Pneumococcal (1 injection) 	<input type="checkbox"/>
18 months	<ul style="list-style-type: none"> Measles, mumps, rubella, varicella (1 injection) only for those who received a MMR vaccine previously Diphtheria, tetanus, pertussis (whooping cough) 	<input type="checkbox"/>
18 months Aboriginal children only	<ul style="list-style-type: none"> Pneumococcal (if not already given at 12 months) Hepatitis A 	<input type="checkbox"/>
4 years	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis (1 injection) 	<input type="checkbox"/>
Medically at risk	<ul style="list-style-type: none"> Pneumococcal (1 injection) 	<input type="checkbox"/>

All children aged from 6 months to less than 5 years should also receive the influenza vaccine each year. WA Health also offers a FREE vaccination program for year 8 students provided across 3 terms.

Health of the Child Form

Special Health Support Needs:

Does your child have any special health support needs? (ie asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements regular medical attention etc).

YES / NO

If your answer is YES please specify: _____

You and your Doctor will be required to complete a "**Special Needs Support Plan**" and/or an "**Emergency Action Plan**", to ensure the centre is fully prepared to manage your child's special health needs. This will include appropriately training staff to administer medication or other actions required to manage your child's condition.

Ointments, Creams and Applications:

The Centre will provide the following preparations for First Aid:

Please sign against products you give staff permission to use on your child.

PRODUCT	APPLIED FOR	PARENT SIGNATURE
Insect Repellent	Mosquito repellent – outdoors	
Band Aides	Minor wounds/abrasions	
Insect Sting Cream/Spray	Insect Bites	
Sunscreen	Outdoor Play – Sun protection	
Antiseptic Creams	Minor wounds/abrasions	

My child is allergic or cannot use the above products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than three occasions without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE

- I understand that for all other medications I must complete and sign an **Authority to Give Medication** form on the day in which medicine is to be administered.
- I have read and agree to follow the centre policy on Administration of Medication.
- I have signed previously granting staff permission to seek medical attention when needed for my child.

Signature of Guardian / Parent (1): _____ Date _____

Signature of Guardian / Parent (2): _____ Date _____

WORLD OF KIDS
FUN-A-RAMA



Parents/Guardian's Registration Agreement

(The use of the word 'we' will also include the singular 'I' where applicable in this section)

FUN-A-RAMA is open for Before and After School Care and Holiday Programs at Living Waters Lutheran College, Halls Head, Comet Bay Primary School, Meadow Springs Primary School and Lakelands Primary School. FUN-A-RAMA is a privately owned and government licensed centre with pick-up and drop off services to and from local schools. FUN-A-RAMA offers a program that encourages children to enjoy social and exciting activities.

Appropriate sun safe clothing for each daily activity, closed in shoes, socks, hat, refillable water bottles, morning tea, lunch and afternoon snacks, bathers/rashies, towels.

Parents are required to complete the enrolment form prior to commencing care at FUN-A-RAMA. We also ask parents to amend any details on enrolment forms when necessary.

We ask that children are brought to and collected from the centre during holiday programs so that they are signed in/out each day as this is a government regulation.

A late fee of \$20 is payable for the first 10 minutes or part thereof, plus a fee of \$1.00 per minute after that until the child is collected after pick-up time (6.00pm). This is to cover overtime wages of staff.

Due to unforeseen events it may be necessary for the Program Supervisor to change aspects of, and/or modify the program at short notice.

Unfortunately no refunds for cancellations or absent days will be given during the holiday period.

(NO CANCELLATIONS CAN BE MADE ONCE HOLIDAYS HAVE COMMENCED)

If children require medication, written authorisation must be given to the educator on medication authority forms, together with the medication and all relevant details.

FUN-A-RAMA is an allergy aware centre. Please ensure no nut lunches ie. peanut butter/Nutella.

On excursions our staff ratio is 1:13 unless we have 4 year olds present then the ratio changes to 1:10. We use Mandurah Bus Charters, centre buses and hired school buses. We may visit other FUN-A -RAMA services and local parks in the Mandurah and Rockingham areas

Certification Nos. LW:40 MS:50 CB:50 LL:40 SD:24

FUN-A-RAMA



Parents/Guardian's Registration Agreement

(The use of the word 'we' will also include the singular 'I' where applicable in this section)

1. We have viewed World of Kids FUN-A-RAMA Outside School Hours Centre and consent to the enrolment of the admitting child/ren.
 2. We acknowledge having received and read the Parent Handbook and we understand any changes to such will be displayed on the Centre's notice-board in the foyer of the Centre or through centre newsletters.
 3. We agree to comply with all Government requirements in relation to the Centre and its service.
 4. We agree that in the case of accident or injury, the Centre will attempt to contact us and where we cannot be contacted medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an Ambulance and we agree to meet the expense of an Ambulance. In the case of an emergency as determined by the Staff at the Centre, we authorise the Centre to contact an Ambulance and send the child to hospital.
 5. We are aware that there is a \$20 booking fee that must be paid upon enrolment
 6. We are aware that our fees are deducted through the Ezidebit system from our nominated bank account or credit card on a weekly/fortnightly basis as chosen by the enrolling parent/guardian.
 7. We understand that if fees are debited from a credit card Ezidebit will charge an additional fee calculated at 1.87% of the amount per transaction, and AMEX/Diners is 4.4% of the amount per transaction. All other Ezidebit administration fees will be covered by World of Kids Fun-a-Rama.
 8. We acknowledge that if a direct debit is returned unpaid, a failed payment fee is payable by the enrolling parent/guardian to Ezidebit for each failed transaction. The usual failed payment fee is \$11.90. In some circumstances a fee up to \$25.00 may be applied. If funds remain insufficient this may result in cancellation of care at the Centre's option. We are aware that fees need to be adjusted from time to time with due notice given to parents
 9. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
 10. We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
 11. We are aware that seven (7) days notice in writing of cancellation of care must be given in advance; otherwise fees will continue to be charged.
 - a. We are aware that fees for public holidays are payable if the day is a usual day of attendance.
 - b. We are aware that fees are payable for days where allowable absences are taken, this includes sick days and family holidays etc.
 - c. We have read the parent handbook and are aware of any closures to the Centre during the year.
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10. We understand that a system of payment for late collection operates at the Centre to cover overtime payments due to staff. Any late collection will result in a fee being imposed.
11. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:
 - First Priority: Children at risk of serious abuse or neglect.
 - Second Priority: Children whose parents satisfy the work/training/ study test under section 14 of the Family Assistance Act.
 - Third Priority: Any other child.
12. We are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner.
13. We are aware that if the child has not been immunised against measles, or in the absence of proof of earlier contact with the disease, the child will be excluded from the Centre if there is an outbreak of measles. We understand that the child will be accepted for further care by the Centre after receipt of medical advice that the infectious period has passed.
14. We are aware that the Centre may require the presentation of a medical certificate in the event of the child developing a long term medical condition.
15. We agree to provide the Centre with all relevant information regarding the health of our child and any other information required by the Centre.
16. We are aware that if we fail to provide information correctly as required by the Centre, the Centre will be able to terminate services forthwith.
17. We are aware that there may occasionally be visitors at the Centre and volunteers that may assist at the Centre. We consent to our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision by qualified/experienced staff.
18. The Centre reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
19. We have read this Contract, and received relevant information about the service offered by this Centre for the care of:

Name(s) of Child(ren)

We agree to abide by the conditions of use of the Centre and this Contract.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Family and Child Profile

We understand families using Outside Hours School Care are very busy, could you please complete the form below.

Please give a brief description of your family and its dynamics.

Does your child take part in any sports on regular basis? If so what are they?

What would you identify as you're your child's strengths?

Are there skills you would like your child to further develop?

Do you follow any religion or have a cultural background that you would like us to recognise within our curriculum? If yes please leave some details for us to research further

Thank you for taking the time to complete this form. Please feel free to add to is at any time.



ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

Fun-A-Rama Comet Bay

NEW CUSTOMER FORM

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

Business: World Of Kids Pty Ltd ABN/ACN: 26 107 593 813 **WOK CMB 42629**

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, 303909, 301203, 234040, 234072, 428198) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by World Of Kids Pty Ltd ("The Business") as per the Terms and Conditions of my/our agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.6).

Start Date : / / Weekly Debit Amount = Balance Due

D D / M M / Y Y Fortnightly

Max Debit Amt: \$ _____ . _____

Administration Fee (once only):	Paid by Business	Bank Account Transaction Fee:	Paid by Business	Credit Card Transaction Fee:	VISA/MasterCard: 1.87% (Min \$0.88) AMEX/Diners: 4.4% (Min \$0.88)
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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, 303909, 301203, 234040, 234072, 428198) 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 1.6) 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 1.6) and I/we have read and understand same. I/We acknowledge that our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com.au/privacy-policy/>

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

D D / M M / Y Y



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.6)

DDR Service Agreement (Ver 1.6)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969, 303909, 301203, 234040, 234072, 428198) (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 3:00pm 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/our 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.

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.

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 appoint Ezidebit as my/our exclusive agent with regard to the control, management and protection of my/our personal information (relating to the Business and contained in this DDR Service Agreement). I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Agreement or the Ezidebit Privacy Policy, 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, to be referred to a debt collection agency for the purposes of debt collection or as otherwise required or permitted by law. Ezidebit's Privacy Policy can be found at <http://www.ezidebit.com.au/privacy-policy/>

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

I/We authorise:

- a) Ezidebit to verify and/or correct, if necessary, 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