



# OSHC ENROLMENT

Family Name: \_\_\_\_\_

School: \_\_\_\_\_

Year Enrolment Is For: 20 \_\_\_\_\_

**Please note: Immunisation certificates, medical action plans, court orders and medication must be provided before enrolment is approved and bookings accepted.**

Entered By: \_\_\_\_\_

Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For all bookings and information,  
please call the Big Childcare head office:

**03 8682 9400**

**PLEASE COMPLETE THIS FORM USING CAPITAL BLOCK LETTERS ONLY**

**FAMILY NAME**

**DATE**  /  /

**CHILD DETAILS**

	GIVEN NAMES	CENTRELINK CRN	M/F	D.O.B.	GRADE
CHILD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
CHILD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
CHILD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

**STREET ADDRESS**

**SUBURB**

**POSTCODE**

**LANGUAGE USED IN CHILD(REN) HOME**

**CULTURAL BACKGROUND OF CHILD(REN)**

Is your child(ren) of Aboriginal and/or Torres Strait Islander origin? No  Yes  **▶ If yes, please specify**

**PARENT DETAILS** PLEASE NOTE YOU NEED TO INCLUDE YOUR PARENT CENTRELINK CRN AND D.O.B. TO RECEIVE CHILDCARE BENEFITS.

**First Name**  **Surname**  **Title**

**Home Address: (As above?)**  **Centrelink CRN\***  **D.O.B.\***  /  /

**Suburb**  **P/Code**

**Email (required)**  **Home Ph**

**Does the child(ren) live with this person?** Yes  No  **Mobile Ph**

**Work:** N/A  Studying  Looking for Work  More than 15 hours

**Occupation**  **Organisation**

**Work Ph**  **Relationship to the Child(ren)**

**Country of Birth**  **Cultural Background**

**This person is authorised to: (PLEASE TICK ALL THAT APPLY)**  
**Manage Account/Make/Change bookings**  **Collect the child(ren) from the Education and Care service**  **Consent to medical treatment for the child(ren)**   
**Be Notified of an emergency involving child(ren)**  **Consent to administration of medication to the child(ren)**  **Provide consent for an educator to take the child outside the education and care service premises**

Can you contribute any skills or resources to our programs, e.g. play an instrument, donate time or equipment?

**First Name**  **Surname**  **Title**

**Home Address: (As above?)**  **Centrelink CRN\***  **D.O.B.\***  /  /

**Suburb**  **P/Code**

**Email (required)**  **Home Ph**

**Does the child(ren) live with this person?** Yes  No  **Mobile Ph**

**Work:** N/A  Studying  Looking for Work  More than 15 hours

**Occupation**  **Organisation**

**Work Ph**  **Relationship to the Child(ren)**

**Country of Birth**  **Cultural Background**

**This person is authorised to: (PLEASE TICK ALL THAT APPLY)**  
**Manage Account/Make/Change bookings**  **Collect the child(ren) from the Education and Care service**  **Consent to medical treatment for the child(ren)**   
**Be Notified of an emergency involving child(ren)**  **Consent to administration of medication to the child(ren)**  **Provide consent for an educator to take the child outside the education and care service premises**

Can you contribute any skills or resources to our programs, e.g. play an instrument, donate time or equipment?

# NOMINEES & CONTACTS

WHO CAN BE AN EMERGENCY CONTACT, AUTHORISE MEDICAL TREATMENT/MEDICATION OR EXCURSIONS OR COLLECT YOUR CHILD?

1. Title  First Name  Surname   
Address   
Contact Phone: (H)  (M)  (W)   
Relationship to Child

**This person is authorised to:**

PLEASE TICK ALL THAT APPLY

Collect the child(ren) from the Education and Care service (Authorised Nominee)  Consent to medical treatment for the child(ren)  Be notified of an emergency involving the child (ren) if any parent of the child(ren) cannot be immediately contacted  Consent to administration of medication to the child(ren)  Provide consent for an educator to take the child outside the education and care service premises

2. Title  First Name  Surname   
Address   
Contact Phone: (H)  (M)  (W)   
Relationship to Child

**This person is authorised to:**

PLEASE TICK ALL THAT APPLY

Collect the child(ren) from the Education and Care service (Authorised Nominee)  Consent to medical treatment for the child(ren)  Be notified of an emergency involving the child (ren) if any parent of the child(ren) cannot be immediately contacted  Consent to administration of medication to the child(ren)  Provide consent for an educator to take the child outside the education and care service premises

3. Title  First Name  Surname   
Address   
Contact Phone: (H)  (M)  (W)   
Relationship to Child

**This person is authorised to:**

PLEASE TICK ALL THAT APPLY

Collect the child(ren) from the Education and Care service (Authorised Nominee)  Consent to medical treatment for the child(ren)  Be notified of an emergency involving the child (ren) if any parent of the child(ren) cannot be immediately contacted  Consent to administration of medication to the child(ren)  Provide consent for an educator to take the child outside the education and care service premises

4. Title  First Name  Surname   
Address   
Contact Phone: (H)  (M)  (W)   
Relationship to Child

**This person is authorised to:**

PLEASE TICK ALL THAT APPLY

Collect the child(ren) from the Education and Care service (Authorised Nominee)  Consent to medical treatment for the child(ren)  Be notified of an emergency involving the child (ren) if any parent of the child(ren) cannot be immediately contacted  Consent to administration of medication to the child(ren)  Provide consent for an educator to take the child outside the education and care service premises

## CHILD(REN) – COURT ORDERS, PARENTING ORDERS AND PARENTING PLANS

Who do the child(ren) live with? Mother  Father  Both  Other  ► Specify other:

Is your child subject to any of the following: No  Yes  ► If yes, please complete the following:

Court Order / Parenting Order / Parenting Plan  
(Please circle)

Which child(ren) does this apply to? CHILD 1  CHILD 2  CHILD 3

1.a) Please Supply the Service with copies of any Court Orders/Parenting Orders/Parenting Plans or Access Arrangements that are in place for your child(ren).

Please ensure they detail; powers, duties, responsibilities or authorities of any person in relation to the child(ren) or access to the child(ren) and Details of any other court orders provided relating to the child(ren) residence or the child(ren) contact with a parent or other person.

2.a) Name any person(s) denied access and not to collect the child(ren) \_\_\_\_\_

2.b) Provide any additional information about access arrangement (including child(ren) residence and the child(ren) contact with parent or other persons)  
\_\_\_\_\_

\* The above details must reflect documentation attached

# MEDICAL INFORMATION (if all your children see the same doctor at the same clinic, just complete CHILD 1)

Medicare No.  Ambulance Subscription Yes  No

CHILD 1	Child 1 Name <input type="text"/>	Clinic Name <input type="text"/>
	Doctor <input type="text"/>	Telephone <input type="text"/>
	Address <input type="text"/>	Medical /Health Cover Yes <input type="checkbox"/> No <input type="checkbox"/>
CHILD 2	Child 2 Name <input type="text"/>	Clinic Name <input type="text"/>
	Doctor <input type="text"/>	Telephone <input type="text"/>
	Address <input type="text"/>	Medical /Health Cover Yes <input type="checkbox"/> No <input type="checkbox"/>
CHILD 3	Child 3 Name <input type="text"/>	Clinic Name <input type="text"/>
	Doctor <input type="text"/>	Telephone <input type="text"/>
	Address <input type="text"/>	Medical /Health Cover Yes <input type="checkbox"/> No <input type="checkbox"/>

Is your child(ren) currently on any medication?\* No  Yes  **▶** If yes, please specify which child, the name of medication, dosage and frequency:

Does your child(ren) have a child health care record?\*\* No  Yes  **▶** If yes, please provide to the service for sighting.

**OFFICE USE:** Record sighted by: Name  Position

## CHILD'S IMMUNISATION RECORD

\* To request copy go to [www.medicareaustralia.gov.au/ssl/acircircert](http://www.medicareaustralia.gov.au/ssl/acircircert)

If your child has been immunised, please provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
  - attaching a Child History Statement from the Australian Childhood Immunisation Register
- Yes Attached

CHILD 1	Child 1 Name <input type="text"/>	
	<i>Has your child been fully immunised or Up-to-date according to the Australian Standard Vaccination Schedule If NO Please provide evidence of your child's immunisation exemption</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>
CHILD 2	Child 2 Name <input type="text"/>	
	<i>Has your child been fully immunised or Up-to-date according to the Australian Standard Vaccination Schedule If NO Please provide evidence of your child's immunisation exemption</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>
CHILD 3	Child 3 Name <input type="text"/>	
	<i>Has your child been fully immunised or Up-to-date according to the Australian Standard Vaccination Schedule If NO Please provide evidence of your child's immunisation exemption</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>

\*If medication is required by the child during care a permission form is required.

\*\*A child health care record means a record that documents a child's health and development assessments and immunisations

## ABOUT ME

CHILD 1	My favourite book/toy is <input type="text"/>
	My favourite sport/game is <input type="text"/>
	My favourite snack is <input type="text"/>
	I enjoy <input type="text"/>
CHILD 2	My favourite book/toy is <input type="text"/>
	My favourite sport/game is <input type="text"/>
	My favourite snack is <input type="text"/>
	I enjoy <input type="text"/>
CHILD 3	My favourite book/toy is <input type="text"/>
	My favourite sport/game is <input type="text"/>
	My favourite snack is <input type="text"/>
	I enjoy <input type="text"/>

## ILLNESSES, ALLERGIES, ADDITIONAL NEEDS AND MEDICAL CONDITIONS

CHILD 1

**Child 1 Name:**  Does your child have any allergies or sensitivity? No  Yes

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Does your child have any current specific health care needs or medical conditions No  Yes   
Eg: asthma, epilepsy, diabetes, etc. If yes, please provide details of any medical condition and any management procedure to be followed.

Are there any cultural, religious or dietary needs that we should be aware of? No  Yes  ► If yes, please specify:

Does your child have any additional needs or challenging behaviours? No  Yes  ► If yes, please specify:

CHILD 2

**Child 2 Name:**  Does your child have any allergies or sensitivity? No  Yes

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Does your child have any current specific health care needs or medical conditions No  Yes   
Eg: asthma, epilepsy, diabetes, etc. If yes, please provide details of any medical condition and any management procedure to be followed.

Are there any cultural, religious or dietary needs that we should be aware of? No  Yes  ► If yes, please specify:

Does your child have any additional needs or challenging behaviours? No  Yes  ► If yes, please specify:

CHILD 3

**Child 3 Name:**  Does your child have any allergies or sensitivity? No  Yes

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Does your child have any current specific health care needs or medical conditions No  Yes   
Eg: asthma, epilepsy, diabetes, etc. If yes, please provide details of any medical condition and any management procedure to be followed.

Are there any cultural, religious or dietary needs that we should be aware of? No  Yes  ► If yes, please specify:

Does your child have any additional needs or challenging behaviours? No  Yes  ► If yes, please specify:

## ANAPHYLAXIS

In the case of Anaphylaxis you will be provided with a copy of the services' Management Policy. You will be required to provide the service with a current Anaphylaxis Management plan signed by the doctor treating your child. This will be attached to the enrolment form.

CHILD 1

**Child 1 Name:**

Has your child been diagnosed at risk of Anaphylaxis? Yes  No

Does your child have an auto injection device?(Eg Epipen or Anapen) Yes  No

Has your child's Anaphylaxis Management Plan been provided to the service? Yes  No   
► If no, please provide

Has a Risk Minimisation Plan been completed by the service in consultation with you? Yes  No

CHILD 2

**Child 2 Name:**

Has your child been diagnosed at risk of Anaphylaxis? Yes  No

Does your child have an auto injection device?(Eg Epipen or Anapen) Yes  No

Has your child's Anaphylaxis Management Plan been provided to the service? Yes  No   
► If no, please provide

Has a Risk Minimisation Plan been completed by the service in consultation with you? Yes  No

CHILD 3

**Child 3 Name:**

Has your child been diagnosed at risk of Anaphylaxis? Yes  No

Does your child have an auto injection device?(Eg Epipen or Anapen) Yes  No

Has your child's Anaphylaxis Management Plan been provided to the service? Yes  No   
► If no, please provide

Has a Risk Minimisation Plan been completed by the service in consultation with you? Yes  No



## MISCELLANEOUS

Do you give permission for your child(ren) to use Sunscreen? Yes  No

Do you give permission for your child(ren) to watch PG movies? Yes  No

Does your child(ren) have any fears (e.g. animals, thunder, the dark)? No  Yes   If yes, please specify name of child and fear:

Please list any interests or hobbies that your child(ren) have to assist us when planning the program:

Is there anything else that the Big Childcare educators should know about your child(ren)?

## BOOKING INFORMATION

PERMANENT BOOKINGS are for children who use the service on a weekly basis. Permanent booking are considered to be at least one session per week for an entire term or more. Any additional bookings added during the term that are not permanent will be charged at the casual rate. CASUAL BOOKINGS are bookings that do not fit into the above description.

CANCELLATIONS must be made one week prior to the scheduled date of attendance, otherwise the full fee will be charged.

I want to book my child(ren) in on a: Permanent Basis   complete the section below Casual Basis

## PERMANENT BOOKING INFORMATION

Please specify the days you require care:

TERM	START DATE	BEFORE SCHOOL CARE	AFTER SCHOOL CARE	OFFICE USE ONLY
<i>Term 1 (example)</i>	<i>10/02/2011</i>	<i>Monday and Thursday</i>	<i>Monday to Friday</i>	

## CHILD CASE SUBSIDY

From 2 July 2018, a NEW Child Care Package known as the Child Care Subsidy, providing more support for more families, was introduced. The package includes a new Child Care Subsidy, which replaces the previous Child Care Benefit (CCB) and Child Care Rebate (CCR).

The Child Care Subsidy will be paid directly to services – in your case Big Childcare.

There are also changes to the annual cap which will make child care more affordable for most families.

Three things will determine a family's level of Child Care Subsidy:

1. Combined family income
2. Activity level of parents
3. Type of child care service

Some basic requirements must be satisfied for an individual to be eligible to receive Child Care Subsidy for a child. These include:

- the age of the child (must be 13 or under and not attending secondary school)
- the child meeting immunisation requirements
- the individual, or their partner, meeting the residency requirements.

## WHAT TO DO NEXT?

You can estimate what your new subsidy might be by using the easy online estimator to find out what it means for your family. The estimator is easy to use and only takes a few minutes. Please go to the Centrelink website for more information.

[www.humanservices.gov.au/individuals/centrelink](http://www.humanservices.gov.au/individuals/centrelink)

All families are encouraged to set up a MyGov account as this is an avenue used to confirm all bookings/enrolments into the OSHC service.

## 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"/>		
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

<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" value="As per statement"/>	<small>This is the maximum amount to deduct at each centre where a balance occurs</small>
	<small>so.00 or Blank = No Limit</small>	
Surcharge:	Visa/MasterCard: <input type="text" value="2.35%"/>	Bank Account: <input type="text" value="\$0.88"/> Admin Fee: <input type="text" value="\$2.20"/>
Payment frequency:	<input type="checkbox"/> Weekly	Day of the week: <input type="text" value="As per statement"/>
First Payment Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	

### Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):			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).
Account Name:	<input type="text"/>		
BSB Number:	<input type="text"/>		
Account Number:	<input type="text"/>		

### Credit Card

Please charge my payments to my:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	
Card number:	<input type="text"/>		
Expiry Date:	<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 184534 | 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 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.

### DISHONOURD 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](mailto:qkclients@debitsuccess.com)



## Terms and Conditions

1. I accept that Big Childcare is not liable for personal injury, property damage or loss sustained by any participant as a result of his or her participation in the program unless caused by proven negligence of 'Big Childcare', its director or employees.
2. I understand that if my child(ren) continuously demonstrates inappropriate behaviour after guidance procedures have been followed, I will be notified and my child(ren) may be removed, suspended for a period to be determined or excluded permanently from the Service.
3. I give the Approved Provider, Nominated Supervisor or Educator at the Service consent to implement my child's current medical management and Risk Minimisation Plans for my child if applicable with respect to their additional need, allergy, medical condition, specific health care need, Asthma or Anaphylaxis
4. I agree if my child(ren)s health/medical needs change, I will provide Educators with the details on the medical forms provided.
5. I acknowledge that my child(ren) will not attend the service if suffering from an infectious or communicable disease as identified by the Department of Health.
6. I give permission for Big Childcare to take photos/video of your child(ren) for promotional material.
7. I have viewed a copy of the Big Childcare Parent Information Booklet and agree to its contents. (This document can be accessed on our website)
8. I understand that the Big Childcare Policy and Procedure Document is on display and available for my viewing on request.
9. I agree to pay any expenses incurred for medical treatment and transportation for my child(ren)
10. I agree to maintain our fees as per the services fees policy. Where a Debitsuccess (Direct Debit) arrangement has been entered into,
  - I authorise the service to make withdrawals from my/our nominated bank account or credit card as specified in the direct debit section completed.
  - I acknowledge that such withdrawals may include amounts representing any arrears that are owing.
  - I acknowledge that this enrolment information may be used for the purpose of debt recovery.
  - I agree to pay all debt recovery expenses incurred by the Big Childcare program.
  - I accept fees are subject to change with consultation with the school.
  - I agree to read and agree to the Direct Debit service agreement provided to me
11. I understand that my child(ren) can be removed from the program as a result of unpaid debt.
12. I declare that the information provided above is true and correct and I have provided Centrelink with the same information. I will promptly inform the service in the event of any changes to this information.
13. I am responsible for giving this information to Centrelink.
14. I understand that if any details are incorrect then full fees are payable by me for use of the service until the details are corrected by Centrelink.
15. I accept Big Childcare charges a late pick up fee with rates recorded on the Welcome poster at the program, to cover Educator wages for non-collection of a child after the advertised close time. Please note CCS cannot be claimed for this fee. I will be notified that payment of this fee is required.
16. I accept casual bookings will incur an additional fee.
17. I understand I will incur a fee for not communicating that my child(ren) will be attending the service if no prior bookings have been made; as well as not communicating that my child/ren will be absent from a session of care.
18. Big Childcare reserves the right to amend Terms and Conditions.
19. By signing these Terms and Conditions I declare and confirm:
  - All information I have provided in this enrolment form is true and correct; and
  - I am a parent of the child(ren) and a person with parental responsibility in relation to the child(ren) referred to in the enrolment form; and
  - I agree my child(ren) and I will comply with the services policies and procedures; and
  - I have read, fully understand and agree to comply with the above Terms and conditions.

## Child Care Subsidy (CCS) Enrolment agreement

As part of our enrolment at our service we require you to confirm acceptance of the following items in order to be eligible to receive Government funding if available. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement (CWA). Please read these items and confirm your acceptance of these items:

- I confirm that my details in this enrolment form as well as the details of the child/ren I am enrolling are correct
- I confirm I have agreed to days of care with this service(s) and understand the start and end times of the care provided.
- I confirm that care may be provided on a casual or flexible basis where available at my service at my request
- I confirm I understand the usual fees associated with the care if my child may vary from time to time

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### AUTHORISATION (Regulation 161)

Below is an authorisation that must be signed by a parent or person named in the enrolment form as authorised to consent to medical treatment of the child(ren) and provide consent for the child(ren) to be taken outside of the Education and Care Service Premises.

I \_\_\_\_\_ authorise the Approved Provider/Nominated Supervisor or an Educator to seek;

1. Medical treatment for the child(ren) from a registered medical practitioner, hospital or ambulance service
2. Transportation of the child(ren) by an Ambulance Service
3. Consent to the child(ren) being taken out of the Education and Care Service for the purpose of an excursion/regular outing, by means determined by Big Childcare, this predominately includes bus travel. (Parents will be notified before this occurs.)

\*\*Please note Under Regulation 93 (b) (ii) an oral authorisation from a registered medical practitioner or an emergency service is acceptable if the authorising person cannot reasonably be contacted in the circumstances and Regulation 94 States that despite regulation 93.

### Confidentiality of enrolment records

The proprietor of Big Childcare will ensure that information in the enrolment record is not divulged to another person unless necessary for the education or care of the child, to manage medical treatment of the child, where expressly authorised by the parent. Taken from Commonwealth Privacy Act 1988 as set out in Education and Care Services National Regulations Reg 195 and Education and Care services National Law Section 263

### Definitions

\***A Parent** - includes a guardian of the child and a person with parental responsibility for the child under a decision or court order. Parental responsibility is a term defined under section 61C of the Family Law Act 1975, which means "all the duties, powers, responsibilities and authority which, by law, parents have in relation to children".

\***Authorised Nominee** - means a person who has been given permission by a parent or family member to collect the child from the education and care service. See Section 170 (5) of the Law.

\***Parenting Order** - means a parenting order within the meaning of section 64B (1) of the Family Law Act 1975 (Commonwealth)

\***Parenting Plan** - means parenting plan within the means of section 63C (1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63C (6) of that Act.

**Office Use Only** This section is for office use only \*if applies Date & ✓/✗

<b>All sections of Enrolment Form completed</b>		<b>Authorisation Signed by Parent</b>		
<b>Correct CRN and DOB for each family member</b>		<b>DDR service agreement given to parent</b>		
<b>Additional Contacts completed (minimum 2)</b>		<b>* Custody Information completed and attached</b>		
<b>Copy of Immunisation attached for each child</b>		<b>* Medical Management plan attached</b>		
<b>Direct Debit Information completed</b>		<b>* Risk Management Plan completed with family</b>		
<b>Terms and conditions Signed</b>		<b>* Communication Plan completed</b>		

Manager accepting enrolment: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_