

PLEASE COMPLETE FORM USING BLOCK LETTERS OR CLEAR WRITING

**Centre Name:** .....

**Days of attendance:**  Monday  Tuesday  Wednesday  Thursday  Friday **Start Date:** .....  
or

**Before School Care:**  Monday  Tuesday  Wednesday  Thursday  Friday

**After School Care:**  Monday  Tuesday  Wednesday  Thursday  Friday **Start Date:** .....

**CHILD'S INFORMATION**

Given name ..... Family name(s) .....  
Former / other names ..... Gender M / F Date of Birth .....  
CRN ..... Place of birth .....  
Residential Address ..... Post Code .....  
Cultural Background ..... Home language spoken .....  
Is your child: Aboriginal / Torres Strait Islander Is your child attending another childcare centre?  Yes  No

**PARENT / GUARDIAN 1 INFORMATION**

Given name ..... Family name(s) .....  
Relationship to child ..... Date of birth (requirement of CCS) .....  
CRN ..... Concession / Health Care Card Holder  Yes  No  
Residential Address ..... Post Code .....  
Home ph           Mobile         Work          
Email .....  
Occupation ..... Employer or place of study .....  
Country of birth ..... Cultural Background .....  
Home languages spoken ..... Aboriginal  Torres Strait Islander   
Primary Carer for Centrelink (CCS)

**PARENT / GUARDIAN 2 INFORMATION**

Given name ..... Family name(s) .....  
Relationship to child ..... Date of birth (requirement of CCS) .....  
CRN ..... Concession / Health Care Card Holder  Yes  No  
Residential Address ..... Post Code .....  
Home ph           Mobile         Work          
Email .....  
Occupation ..... Employer or place of study .....  
Country of birth ..... Cultural Background .....  
Home languages spoken ..... Aboriginal  Torres Strait Islander   
Primary Carer for Centrelink (CCS)

## CUSTODY ARRANGEMENTS

Are there any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child  Yes  No

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, AUTHORISATIONS AND COLLECTION PERMISSION

In case of emergency and we are unable to contact either parent, we are required to have a list of at least 2 other people who are emergency contacts for your child. Please provide at least two contacts.

① Name ..... Relationship to Child .....

Address ..... Postcode .....

Contact number  Alternate number

**This person is authorised to:**

Collect my child from the centre / program  Yes  No Be notified in an emergency  Yes  No

Consent to administration of medication  Yes  No Consent to medical treatment for my child  Yes  No

Consent an educator to take my child outside the service (e.g. excursion)  Yes  No

② Name ..... Relationship to Child .....

Address ..... Postcode .....

Contact number  Alternate number

**This person is authorised to:**

Collect my child from the centre / program  Yes  No Be notified in an emergency  Yes  No

Consent to administration of medication  Yes  No Consent to medical treatment for my child  Yes  No

Consent an educator to take my child outside the service (e.g. excursion)  Yes  No

③ Name ..... Relationship to Child .....

Address ..... Postcode .....

Contact number  Alternate number

**This person is authorised to:**

Collect my child from the centre / program  Yes  No Be notified in an emergency  Yes  No

Consent to administration of medication  Yes  No Consent to medical treatment for my child  Yes  No

Consent an educator to take my child outside the service (e.g. excursion)  Yes  No

## HEALTH & MEDICAL INFORMATION

The following information is required to assist to best meet the health needs of your child. If your child has a specific health care need allergy or relevant medical condition, you will be required to provide us with a medical management plan and specific information on how to best care for your child in the case of an incident. This plan will be followed in the event of any incident relating to your child's specific health care need, allergy or relevant medical condition.

Your Medicare number

Name of your family doctor (Registered Medical Practitioner) .....

Your doctor's address ..... Postcode .....

Doctor's phone number

Are you in a Private Health Fund  Yes  No Fund Name ..... Fund Number

Does your child have any known allergies? Eg food, medication, animals or insects?  Yes  No

If your child has allergies, please provide details ..... **AND**

Please provide a management plan

Has your child been diagnosed as at risk of Anaphylaxis?  Yes  No – If yes, please provide a medical action plan.

Does your child have asthma?  Yes  No – If yes, please provide an asthma management plan.

Does your child have any problems with hearing, sight or speech?  Yes  No Please provide further information.

Does your child have any ongoing medical conditions including epilepsy or diabetes?  Yes  No

Please provide further information and a medical action plan.

Does your child have a physical disability or delay including intellectual, sensory or physical impairment?  Yes  No

Please provide further information

Do you have any concerns about any aspect of your child's development?  Yes  No If yes, please help us by providing some further information.

Does your child have any dietary requirements?  Yes  No

Please provide further information:

### IMMUNISATION

Has your child been immunised?  Yes  No

Immunisation History Statement attached?  Yes  No

We are required to keep records of your child's immunisation on file. Please provide evidence of your child's immunisation history statement to be held on file. These records will need to be updated as children are given further immunisations. If your child is not immunised and an outbreak occurs in the centre, he/she may be excluded from attending until the outbreak has passed. Information regarding the immunisation register can be found at [www.humanservices.gov.au/customer/service/medicare/australian-childhood-immunisation-register](http://www.humanservices.gov.au/customer/service/medicare/australian-childhood-immunisation-register)

### ROUTINES

Has your child previously spent time with other children?  Yes  No

Is your child used to being with other adults?  Yes  No

Is this the first time your child has been cared for by someone other than a family member?  Yes  No

Are there any aspects of your child's cultural, ethnic, and/or religious background that you would like us to be aware of?

Yes  No Details .....

Are there any religious activities that the staff should be aware of?  Yes  No .....

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

Is there a third party agreement for payment of fees?  Yes  No

If yes, please complete a third party agreement form.

I understand that I am liable for any unpaid fees not paid by the third party.

.....  
Sign

.....  
Date

### AUTHORISATIONS

**1. I authorise** 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. Yes  No

**2. I authorise** for basic first aid to be administered if required by my child.  Yes  No

**3. I authorise** staff to act in an emergency.  Yes  No

**4. I authorise** staff to seek emergency medical, dental or hospital treatment from a registered medical practitioner, hospital or ambulance service for my child whilst being educated and cared for at the centre. This may include following the direction of medical personnel and / or transportation of the child by ambulance service.  Yes  No

**5. I authorise** staff to take my child outside of the program premises if required for a medical emergency  Yes  No

**6. I authorise** for staff to apply SPF 30+ sunscreen to my child.  Yes  No

7. I **authorise** for staff to apply Sudocream on my child if required.  Yes  No
8. I **authorise** for staff to apply insect repellent to my child if required.  Yes  No
9. I **authorise** for my child to have contact with the program's resident pets on the premises under the close supervision of the program staff.  Yes  No
10. I **authorise** for my child to have contact with the program's resident pets on the premises under the close supervision of the program staff.  Yes  No
11. I **authorise** for staff to take my child outside the program premises to participate in regular evacuation drills. I understand that my child will be relocated from the program under supervision to a safety zone for evacuation purposes.  Yes  No

.....  
Parent / Guardian signature

.....  
Date

### PERMISSION FOR PHOTOGRAPH AND VIDEO DISPLAY

1. I **consent** to my child's photograph, video footage, artwork observations and/or learning stories to be displayed in the centre. This may be in written or digital form.  Yes  No
2. I **consent** to my child's photograph, video footage, artwork observations and/or learning stories to be published on social media, Gowrie NSW's website and marketing materials.  Yes  No
3. I **consent** to my child's photograph, video footage, artwork observations and/or learning stories to be published in third party publications as well as with media outlets.  Yes  No

.....  
Parent / Guardian signature

.....  
Date

***I/we confirm that the information provided within this document is accurate and complete. I/we agree to confirm Gowrie NSW promptly in the event that any of the details provided within this document change or require update.***

.....  
Parent / Guardian signature

.....  
Date

Document Return Checklist

[ ] Direct Debit Form [ ] Immunisation Statement [ ] Medical Management Plan [ ] Enrolment Agreement [ ] About Me Form

## 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"/>	Gowrie NSW Service:	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

### Select from the Following

New Account  Change Account Details

### Payment Details

Surcharge:	Visa/Master Card :	<input type="text" value="N/A"/>	Bank Account:	<input type="text" value="N/A"/>	Admin Fee:	<input type="text" value="N/A"/>				
Payment frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> On Thursdays							
	First Payment Date:		<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<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):

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

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

/  /



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.

#### 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