



Outside School Care NT - Enrolment Pack (QA6)

Contains:

1. Enrolment Form
2. Booking and Fee Agreement

THE RIGHT CHOICE FOR AFTER SCHOOL AND VACATION CARE

VERSION 12AT OCTOBER 2018

Enrolment Pack

National Quality Area 6

Policy Statement

Please ensure that **BOTH** the **Enrolment Form** and **Booking and Fees Agreement** section of this Enrolment Pack are completed, signed and returned.

We aim to ensure that each of our sites consistently meets or exceeds **National Quality Standards**.

With this in mind, we have developed these. We reserve the right to cease your care provision if information relevant to your child (such as known medical conditions or care orders) are not included in the returned form.

It is your responsibility to ensure that all the information provided to us in this **Enrolment Pack** is both accurate and complete.

Please advise asap if any details change.



QA1	Educational program and practice
QA2	Children's health and safety
QA3	Physical environment
QA4	Staffing arrangements
QA5	Relationships with children
QA6	Collaborative partnerships with families and communities
QA7	Leadership and service management

Our Philosophy

At **Outside School Care NT** we aim to be the leading provider of outside school hours care in the Darwin and Palmerston area by providing quality consistent care in line with National Quality Standards and Framework.

We believe in providing support to our families and assist in contributing to the long term developmental goals of the children in our care. We provide the opportunity for children learn to through their interests and play. We aim to give them a better start in life.

Section 1- Enrolment Form:

Please complete a separate Enrolment Form per child attending care

Completed forms to return	
Enrolment form	YES / NO
Fee agreement (Please read)	YES / NO
Copy of birth certificate	YES / NO
Copy of immunization	YES / NO
Allergy form	YES / NO
Copy of CCS entitlement	YES / NO
Copy of other government financial assistance (e.g. JET/AMEP)	YES / NO

Outside School Care NT location:					
Tick school level:	Pre-school:	Transition	Year 1:	Year 2 and above:	

Outside School Hours Care Requirements:
AFTER SCHOOL CARE (ASC) (standard hours 2:30PM to 6:00PM*) – during school term only

Days of attendance	MON	TUE	WED	THU	FRI
Time In: (approx.)					
Time Out: (approx.)					

VACATION CARE (VAC) (standard hours 7:30AM to 6:00PM**)

Days of attendance	MON	TUE	WED	THU	FRI
Time In: (approx.)					
Time Out: (approx.)					

BEFORE SCHOOL CARE (BSC) (standard hours 06:30am to 08:30am*) – during school term only

Days of attendance	MON	TUE	WED	THU	FRI
Time In: (approx.)					
Time Out: (approx.)					

Please check with your individual school site to confirm services offered

Child Details (Please ensure a separate form is completed for each child enrolled)

Given Name/s:	First Name:	Middle Name:
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Family Name:

Please ensure parent and child name is written exactly as held by Centrelink for CCS purposes

Gender (please circle):	MALE	FEMALE	Date child will start attending:
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Aboriginal or Torres Strait Islander?	YES	NO
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Languages spoken (please circle):	ENGLISH	OTHER (if other please indicate):
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Child's Date of Birth:	
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Have you applied for Child Care Subsidy (CCS)?	YES	NO
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Child's Customer Reference Number (CRN):	If your child has a Medical Condition , please fill out page 5 If your child has any Dietary needs please fill out page 6 If you have a Court Order in place, please fill out page 7
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FAMILY INFORMATION**Parent 1 / Guardian1 – PARENT CLAIMING CHILD CARE SUBSIDY (CCS)**

Name:		Parent DOB:	
Relationship to child:			
Address:			
Contact Details:	Mobile Tel:	Home Ph:	
<i>(indicate preferred contact with *)</i>	Work Ph:	Email:	
Employer:	Parent CRN:		
Driving Licence (or passport) Number: <i>(Please provide photocopy at site)</i>		State/Country Issued:	
Does the child live with Parent 1 / Guardian 1 (please circle): YES NO			
Do you wish to be the first point of contact for health / behavioural / emergency situations?			
(please circle) YES NO CONTACT BOTH PARENTS/GUARDIANS			
Please Note: Parent CRN should be that of Parent/Guardian claiming child care subsidy (CCS) DO YOU HAVE SHARED CARE, IF SO PLEASE FILL OUT SEPARATE ENROLMENTS AND STATE WHICH WEEKS YOU LIKE When this enrolment has been processed on our child care management system, you will need to confirm the enrolment online through your MyGov Account. Failing to confirm an enrolment within 28 days will mean that your CCS will not be shown on your statement and the full fees will be payable			

Parent 2 / Guardian 2

Name:		Parent DOB:	
Relationship to child:			
Address:			
Contact Details:	Mobile Tel:	Home Ph:	
<i>(indicate preferred contact with *)</i>	Work Ph:	Email:	
Employer:			
Driving Licence (or passport) Number: <i>(Please provide photocopy at site)</i>		State/Country Issued:	
Does the child live with Parent 2 / Guardian 2 (please circle): YES NO			
Do you wish to be the first point of contact for health / behavioural / emergency situations?			
(please circle) YES NO CONTACT BOTH PARENTS/GUARDIANS			

Other Family Information

Do the Parents/Guardians speak English? (please circle) YES NO	
Do the Parents/Guardians give permission for the child to participate in celebrations or events? (e.g. Birthdays, Christmas, Easter) Please circle: YES NO	
Please indicate if there are cultural, religious or other specific observances/practices you wish to notify? Please circle: YES NO If YES Please describe:	
Other: (please indicate <u>here</u> if there is any other relevant information that the service should now with regard to the care of child?:	

AUTHORISED NOMINEES* & COLLECTING THE CHILD FROM THE SERVICE	
AUTHORISED NOMINEE 1	
Full Name:	Please circle: Male / Female
Nominee is aged 18 years or above:	YES NO
Relationship to child:	
Address:	
Telephone: Mobile:	Home Ph: Work Ph:
Do you consent to the above person dropping off and/or collecting your child on behalf of the	
Parent/s or Guardian/s? Please indicate YES NO	
AUTHORISED NOMINEE 2	
Full Name:	Please circle: Male / Female
Nominee is aged 18 years or above:	YES NO
Relationship to child:	
Address:	
Telephone: Mobile:	Home Ph: Work Ph:
Do you consent to the above person dropping off and/or collecting your child on behalf of the	
Parent/s or Guardian/s? Please indicate YES NO	
AUTHORISED NOMINEE 3	
Full Name:	Please circle: Male / Female
Nominee is aged 18 years or above:	YES NO
Relationship to child:	
Address:	
Telephone: Mobile:	Home Ph: Work Ph:
Do you consent to the above person dropping off and/or collecting your child on behalf of the	
Parent/s or Guardian/s? Please indicate YES NO	
AUTHORISED NOMINEE 4	
Full Name:	Please circle: Male / Female
Nominee is aged 18 years or above:	YES NO
Relationship to child:	
Address:	
Telephone: Mobile:	Home Ph: Work Ph:
Do you consent to the above person dropping off and/or collecting your child on behalf of the	
Parent/s or Guardian/s? Please indicate YES NO	

HEALTH INFORMATION	
CHILD'S HEALTH, MEDICAL AND IMMUNISATION INFORMATION	
Medical Practitioner (GP):	
Medical Practitioner (GP) Address:	
Contact Details: PH Number:	Emergency No:
Medicare Number:	
Private Health Insurance:	Membership number:
Has the child been immunised (please circle): YES NO	
If YES, please provide ONE of the following: The Child History Statement from the Australian Childhood Immunisation Register Copy of the Immunisation Record printout from local government Copy of the Immunisation Record from the Child Health Record Book	
ALLERGIES / SENSITIVITY / OR ANY OTHER MEDICAL CONDITION	
Does your child have any allergies / sensitivities / or any other medical condition? E.g. Epilepsy, diabetes, etc. that That are relevant to the care of your child? Please circle: YES NO	
If YES, Please provide individual medical arrangement management plan and medical risk minimisation plan in Relation to the allergy or other medical condition.	
Please provide details of the allergy/medical condition:	
ANAPHYLAXIS	
Has your child been diagnosed at risk of anaphylaxis? (Please circle) YES NO	
Does your child have an auto injection device (e.g. EpiPen) (Please circle) YES NO	
Has the anaphylaxis medical management plan been provided to the service (Please circle) YES NO	
<i>In the case of anaphylaxis you will be provided with a copy of the Managing anaphylaxis and Allergy Policy. You will be required to provide the service with an <u>individual medical arrangement plan</u> and <u>medical management risk minimisation plan</u> for your child signed by the medical practitioner who is treating your child. This will be attached to the child's enrolment form.</i>	
ASTHMA	
Has your child been diagnosed with asthma? (Please circle) YES NO	
Has the asthma medical management plan been provided to the service? (please circle) YES NO	
Has a risk management plan been completed by the service in conjunction with you? YES NO	
<i>In the case of asthma you will be provided with a copy of the Managing anaphylaxis and Allergy Policy. You will be required to provide the service with an <u>individual medical arrangement plan</u> and <u>medical management risk minimisation plan</u> for your child signed by the medical practitioner who is treating your child. This will be attached to the enrolment form.</i>	
RELEVANT MEDICAL / HEALTH CONDITIONS or ADDITIONAL NEEDS	
Does your child have any additional needs (including intellectual, sensory or physical impairment)? (Please circle) YES NO	
Is your child attending and/or receiving any support services for their additional needs? (Please circle) YES NO	

If YES, please provide details including any management procedures to be followed with respect to the special need.

DIETARY NEEDS

Does your child have any dietary restrictions (please circle) YES NO

If YES, please describe:

DENTAL NEEDS / REQUIREMENTS

Does your child have any dental needs or requirements? (Please circle) YES NO

If YES, please provide details:

SUNSMART

Outside School Care NT (OSC-NT) follow Sunsmart health recommendations. Please apply SPF 30+ broad spectrum water resistant sunscreen to your child before attending the service.

In the event this is not possible, we ask that you complete this authority for a staff member to apply sunscreen to your child.

If your child is sensitive or allergic to some sunscreens, please provide a sunscreen that can be applied to your child.

Authority for staff to administer sunscreen provided by the service:

I give permission for the staff of the service to apply, as appropriate, SPF 30+ broad spectrum, water resistant sunscreen to exposed body parts of my child

AND

If my child is sensitive to some sunscreens, I will provide the centre with a suitable sunscreen for my child.

Signature:

(Parent/Guardian) Date:

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I, _____ (print full name) a person with lawful authority of the child referred

Referred to in this enrolment form, declare that:

The information in this enrolment form is **true** and **correct** and I undertake to immediately inform Outside School Care NT (OSC-NT) in the event of any change to this information;

I agree to collect or make arrangement for the collection of the child referred to in this enrolment if he/she becomes unwell at the outside school hours service;

I consent to the staff of Outside School Care NT (OSC-NT) seek, or where appropriate, administering such Emergency medical treatment as is reasonably necessary

I declare that I will reimburse any necessary expenses incurred by the service

Signature:

Date:

(Parent/Guardian)

COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

(Please circle): YES NO

If **YES**, please complete the following:

1. Bring the **original** court order/s for the Centre Director to witness and attach a copy to this enrolment form

2. Along with any court orders you need to attach a copy of any parenting orders or parenting plans relating to powers, duties or authorities of any person in relation to the child or access to the child.

3. If these orders;

Change the powers of a parent/guardian to:

Authorise the taking of the child outside the service by a staff member of the service

Consent to the medical treatment of a child

Request or permit the administration of medication to the child

Collect the child from the service

AND/OR

Give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers

PHOTOGRAPHS

I / We give permission for my/ our child's name and/or photo to be used for centre displays and developmental Profiles.

Authorisation signature:

Date:

PUBLICITY

I / We give permission for my/ our child's photo to be used for Outside School Care NT (OSC-NT) promotional events, including media, website or marketing collateral.

Authorisation signature:

Date:

CONSENT FORM AND DECLARATION	
<p>In completing and signing this form, <u>I understand and consent to</u> the following arrangements;</p> <p>Outside School Care NT (OSC-NT) will collect some personal information on me. Some might be provided by government or other agencies, but most information I supply at interview or by filling out forms. Generally, information collected from outside will be checked with me to make sure that it is accurate.</p> <p>Some of the information collected may be health information, which OSC-NT will handle with particular care. All information will be used to assist my child at OSC-NT</p> <p>Some information may be given to other organisations (such as government agencies) as required or Authorised by law.</p> <p>During my involvement with OSC-NT, I may want, or be offered, other services by OSC-NT. If that happens I consent to the relevant information being given to other OSC-NT staff so they can assess my needs.</p> <p>I received and I am willing to adhere to OSC-NT Fee Agreement as per the Bookings and Fee Management Policy.</p>	
Parent/Guardian Name:	
Signature (of the above):	Date:
DECLARATION:	
<p>I, _____ (print full name) hereby declare that all the information Given is accurate and I agree to abide by the conditions of enrolment at Outside School Care NT (OSC-NT).</p>	
Signature:	Date:
CHECKED BY OSC-NT STAFF MEMBER	
This form has been accepted and checked by an OSC-NT Staff Member	
Name:	
Signature:	Date:

Section 2 - Booking Conditions and Fees: An Overview

A completed and signed Fee Agreement is required to enroll your child at any of our services

1.0 LIST OF FEES

Outside School Care NT (OSC-NT) services are offered to clients on a per session basis. Session times per care type are outlined in our Enrolment Form. The full session fee is payable irrespective of how long your child actually attends the session.

Outside School Care NT (OSC-NT) Current Fees (at October 2018)	
Service	Fee per daily session
After school Care	\$25.50 per session day
After School Care – Bus Service	\$28.50 per session day
Vacation Care/Pupil Free Days	\$55.00 per session day
Vacation Care – EXCURSION & INCURSION Days	\$65.00 per session day
Before School Care	\$15.00 per session day
Refundable Bond Payment	\$250 BOND must be paid - before bookings can be confirmed

2.0 LIST OF DISCOUNTS

Outside School Care NT (OSC-NT) offers a series of discounts based upon number of children enrolled, day and services used.

Outside School Care NT (OSC-NT) Fee Discounts and other charges (at July 2017)	
Discount or Fee	Flat rate or Percentage applied
BSC Discount	10% discount applies to the Before School Care (BSC) fee <u>only</u> for parents with children attending ASC service a minimum of three (3) days per week
Visa / MasterCard credit card surcharge	1.87%
Debit Card surcharge	No charge
Late Collection/ pick up Fee	\$5 for first 15 minutes and additional \$5 per additional 15 minute period or part thereof
Direct Debit dishonour fee	\$10 per transaction dishonored

3.0 BOOKING POLICY

3.1 Full time and part-time bookings

3.1.1 Full-time Bookings

Full –time Bookings are bookings made for care on a continuous basis throughout the school term. Full-time bookings may be for one (1) or up to five (5) days of care per week

If an OSC-NT school site is reaching capacity level, the Director will reserve the right to give preference in offering care to families with full-time bookings. Full-time bookings guarantee a place for your child at our service.

Full-time bookings have the following conditions:

- Accounts are up to date and paid fourteen (14) days in advance

- Families required to pay their fees if a child is absent (for any reason), unless a holiday form or medical certificate is submitted as outlined (below)
- Families must provide the Centre Director with two (2) weeks written notice of their intention to remove their child from the Centre

3.1.2 Part-time Bookings

Part-time Bookings are bookings made for care on an ad-hoc basis throughout the school term. Part-time bookings may be for one (1) or up to five (5) days of care per week

Part-time Bookings are made at the service's discretion and are not guaranteed. A Part-time booking will be subject to availability.

At such times when capacity is limited at a site, the director will advise parents whether part-time bookings are available.

3.2 Absences (medical and holiday)

Absences owing to illness (or other medical)

Absences owing to illness (or other medical) will **not** be charged subject to receipt of a copy of a valid medical certificate/s relating to the specific absence.

Absences (vacations)

A holiday discount of 50% on the gap is available to families who take family vacations during school term. The discount is charged to guarantee the child's place during the period of absence. The discount is not available for ad-hoc absences. Families may at their discretion withdraw their child for the period of vacation – however their place will not be guaranteed. A temporary withdrawal for vacation will require a two (2) week notice (received in person or by email).

4.0 BILLING POLICY

4.1 Fees Paid Two Weeks in Advance

Booking fees are outlined in the weekly customer statement and reflect care from the current period and two (2) weeks in advance. The booked session fee is charged **not** the actual hours used. When a parent/s pays fees, the amount is recorded and entered into the Outside School Care NT childcare management system

4.2 Late Pick Up Fees*

Collection of children after 6pm **ASC** or after 6.00pm **VAC**, will incur a \$5.00 late pick up fee per child (for the first 15 minutes) A further \$5 per child will be charged for each 15 minute period in which the parent is late to collect the child/ren. If late fees are incurred on three occasions within one school term the families' ongoing enrolment will be reviewed and possibly cancelled.

**The Director reserves the right to waive the late pick up fee in exceptional circumstances.*

4.3 Payment of Fees

Weekly statements are issued on a Tuesday. Customer statements will include a statement of attendances per child for the previous four (4) weeks and the next two (2) weeks. Parents have the option to receive their weekly statement via email or through registration to the web based Outside School Care NT Parent Portal.

4.4 Overdue Accounts

All accounts such as BSC and ASC must be standing at nil by the end of each term.

At the end of each term you will receive your invoice with the total balance for that term this needs to be paid before any role over bookings can be confirmed. This includes PF and vacation care. If this occurs frequently you will be asked to be put on our easy pay plan stated in **5.0 PAYMENT OPTIONS**.

If this option is refused, care may be ceased and outstanding balances may be referred to our debt collection agency.

All past debt or overdue accounts will be directed to a Debt Collector. Outside School Care NT uses the services of E-Collect. We will make several attempts to contact you before referring a debt to our debt collection agency. Our policy is to always offer a payment plan and work with families to help assist reduce an overdue account before the step is taken to use the services of a debt collection agency. If you have difficulty paying your account, please contact your Director as early as possible. We are here to help families.

5.0 PAYMENT OPTIONS

Easy Pay Direct Debit is the preferred payment option: Form attached at the end of the enrolment form.

BPAY or bank transfer: If you wish to make payments by BPAY, please advise your Director and you will be issued with your unique customer reference number and our BPAY Account code.

For bank transfers, our bank account details will be included on your weekly customer statement.

6.0 CHILD CARE ASSISTANCE – Child Care Subsidy (CCS)

Most families will receive assistance with the childcare costs via Child Care Subsidy (CCS) .

Please ensure that you correct details are provided upon enrolment and that both your Parent and Child CRN are valid. Outside School Care NT will advise you of issues when processing your claims, however it is not our responsibility to ensure that the correct details are held in our systems. Your weekly customer statement will automatically reflect your benefit or rebate entitlement. This is achieved through a direct connection between our CCMS software provider and the Family Assistance Office (FAO). However, we have no part in this process. Therefore, in case of queries with regard to your benefit entitlement, please address the matter to the FAO.

PLEASE NOTE: Families may also elect to have their Child Care Subsidy (CCS) paid directly to OSC-NT to offset their fees. To ensure that CCS is shown on your weekly statement you need to ensure that your enrolment has been confirmed by yourself using your MyGov account.

7.0 PARENTS/GUARDIANS' RESPONSIBILITIES

It is the child's parent/guardian responsibility to ensure:

- The account of each child booked at the service is/are paid 14 days in advance
- Each parent must sign and agree to abide by the terms of the OSC NT Fee Agreement [ANNEX I]
- Each parent must provide the Centre Director with two [2] weeks written notice of their intention to remove their child from the service.

8.0 LATE PAYMENT /ARREARS POLICY

For families whose accounts are in arrears – the following **five (5) point procedure** will be followed:

1. Contact will be made after **seven (7)** days including an initial reminder email or SMS advising that fees are overdue, and need to be paid immediately.
2. If payment is not received within **fourteen (14)** days, a letter (or email or SMS) will be sent notifying parents that their child's place may be withdrawn.
3. Once the child is excluded from the centre the account will be referred to a debt collection agency (E Collect) where legal action may be taken to recover monies owing.
4. If a payment plan is drawn up and the contract signed by both parties is not adhered to, the child will be excluded from the centre immediately and the account sent to a debt collection agency.

9.0 LATE COLLECTION / PICK UP

Parents are required to contact the centre by phone to advise that they will be late to collect their child.

A late collection / pick up fee may be charged. Please refer to our policy on the delivery and collection of children.

10.0 CANCELLATION OF BOOKINGS

Cancelations must be in writing either to the site or Area Manager. We require 24 hours' notice where possible to ensure you don't incur any extra charges

ANNEX I – OSC NT Fee Agreement

1. I acknowledge that I have received copy of the **OSC NT Bookings and Fee Management Policy**, and I understand that I am required to pay my childcare fees two [2] weeks in advance.
2. I also understand that fees will be charged if my child is absent [without prior notification] or supporting medical certificate. I also acknowledge, understand and agree to the fee policy outlined with regard to public holidays and holiday absences that are taken during school term.
3. I have been advised that the payment options are –
 - *****Preferred payment method** - Direct debit to bank account or credit card (**Easy Pay, Direct Debit Form attached**)
 - BPAY
 - Direct bank transfer
4. I also understand that, if I am having difficulty paying my fees, I am to discuss the situation with the Centre director as soon as possible, in order to work out an appropriate payment plan.
5. If my fees are NOT paid, I also understand that my child may be excluded from the service and the matter referred to a debt collection agency where legal action may be taken.
6. I also understand and agree that if debt collection services are employed to recover monies that I owe, that I will be responsible for ALL associated costs that are incurred by the debt collection agency directly or indirectly by Outside School Care NT in relation to my debt.
7. Where fees are to be shared and paid separately by each parent OSC-NT will split bills. However, legal responsibility for outstanding debts lies with both parents jointly. OSC-NT reserves the right to recover all fees due from one or both parents separately.

Parent 1.	
I hereby agree to the OSC-NT Fee Agreement	
Name:	Signature:
Date:	

Parent 2.	
I hereby agree to the OSC-NT Fee Agreement	
Name:	Signature:
Date:	

Witness Name:

Witness Signature:

Date:

Direct Debit form – please return to the Accounts Manager: accounts@outsideschoolcare.com.au



ChildCareEasyPay.com.au

Please complete the form in blue or black pen and return it to your child care centre.

Child care centre details

Centre name

Your details

Surname

Given name

Address

Suburb

State

Postcode

Email

Date of birth

 / /

dd

mm

yyyy

Mobile

Other daytime number

Child name(s)

Payment details

Pay by credit or debit card



Card number

Cardholder name

Card expiry

 /

mm

yy

Pay by bank, building society or credit union account

BSB

 -

Account number

Account name

Signature(s)

DECLARATION: I/We wish to register with ChildCare EasyPay (CEP) and authorise my/our Child Care Service Provider (CSP) and/or CEP to process payments from my/our nominated account in accordance with my/our agreement with the CSP, this Direct Debit Request (DDR) and the Direct Debit Request Service Agreement (DDSA). I/We have read and agree to be bound by the terms of this DDR and the DDSA and understand that:

- transaction fees may apply and, if applicable, will currently be charged at the following rates: 0.88% for payments from a bank account, 1.54% for Visa or MasterCard and 2.42% for American Express,
- other fees may apply, including for failed payments, and
- this arrangement will remain in place until such time as it is cancelled by me/us, my/our CSP, or CEP.

DIRECT DEBIT REQUEST: I/We request Zenith Payments Pty Ltd ABN 71 083 359 684 (trading as ChildCare EasyPay) User ID 429018, until further notice in writing, to arrange for payments provided for in this DDR to be debited from my/our account specified above. I/We understand that this direct debit arrangement is governed by the terms of the DDSA provided by CEP.

Please note: Payments will appear on your account as 'CHILDCARE PAYMENT CEP AUSTRALIA AU'.

Signature 1

Signature 2

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This Service Agreement and your Direct Debit Request establishes the terms and conditions of your Direct Debit Agreement with ChildCare EasyPay. References to 'we', 'us' and 'our' refer to ChildCare EasyPay, which is part of Zenith Payments Pty Ltd ABN 71 083 359 684.

If you apply for direct debit with payments from a cheque or savings account, you authorise us to debit the payment amount on or around the due date shown on your child care fees statement, or as directed by your child care centre.

If you apply for direct debit with payments from a debit or credit card account, you authorise us to charge your payment amount to the nominated debit or credit card on or around the due date on your child care fees statement, or as directed by your child care centre.

Your responsibilities

It is your responsibility to ensure that your financial institution can support direct debit on your nominated account as direct debiting may not be available on all accounts. You should also ensure the account details provided on your Direct Debit Request are correct by checking them against a recent account statement. If you are uncertain about the accuracy of these details, or how to complete the Direct Debit Request, you should check with your financial institution.

You must ensure that you have sufficient clear funds in your account to honour the payments when they are due and/or processed. If there are insufficient funds, a failed payment fee may apply and you must arrange for the payment to be made by another method or arrange for sufficient funds to be in your account by an agreed time so we can process the payment. The amount of the failed payment fee can be obtained from our website or by calling us. Your financial institution may also charge a fee and/or interest for a failed payment.

Should your debit or credit card details, including card number, type or expiry date, or your bank account details change, please let your child care centre, or us, know at least 5 business days prior to your next payment due date. Failure to do so may result in a failed payment and application of the failed payment fee and other fees.

Your rights

You may alter or cancel this direct debit arrangement, or stop or defer a specific direct debit payment by providing your child care centre, or us, written notice at least 5 business days prior to your next payment due date.

You may also contact your financial institution, which is obliged to act on your instructions.

Our rights

We may cancel this direct debit arrangement at any time and for any reason. This may occur, for example, in the instance of failed or rejected payments, or if we have a reasonable suspicion that fraudulent information has been provided in relation to your direct debit arrangement. We will notify you in writing if this occurs.

We may change any of the terms of this agreement by giving you at least 14 days written notice.

Disputes

You should check your account statement to verify amounts debited from your account are correct. If you believe an error has been made debiting your account, please call us and then confirm your notice in writing. Alternatively, you may contact your financial institution.

If we find that your account has been incorrectly debited, we will arrange for your financial institution to adjust your account (including any interest and charges).

If we find that your account has not been incorrectly debited, we will provide you with reasons and any evidence for our finding.

Confidentiality

We will keep any information (including your account details) in your Direct Debit Request confidential. We will also make reasonable efforts to keep your information secure and to ensure any of our employees or agents who have access to your information do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you to the extent specifically required by law, or for the purposes of this Direct Debit Agreement (including disclosing information in connection with any query or claim).

Our Privacy Policy is available on our website.

Our contact details

ChildCare EasyPay

Postal address: PO Box 177, Balmain NSW 2041

Email: info@childcareeasypay.com.au

Phone: 1300 108 542

Website: www.childcareeasypay.com.au



DDo616 – TF

ENROLMENT CHECKLIST

1. Have you provided your and your child's CRN number?
2. Have you completed a separate enrolment for each child you wish to enrol?
3. Have you provided any medical information that we need to know?
4. Have you advised us of all your authorised nominees who can collect your children from our service?
5. Please ensure that you confirm your enrolment through your **MyGov** account when we have entered your details in our child care management system.