



YWCA of Canberra School Age Care Enrolment Pack 2014

Enrolment Information (Parent/Guardians please keep page one and two of this pack for reference)

Before School Care		After School Care
Hours of Operation:	0730 to 0900 (School holidays and public holidays excluded).	1500 to 1800 (School holidays and public holidays excluded).
Programs:	Hawker, Kingsford Smith, Macquarie, Majura, O'Connor Co-Op, Rosary, St Benedicts, Turner Primary Schools, Yarralumla.	Charles Conder, Hawker, Kingsford Smith, Lyneham, Macquarie, Majura, O'Connor Co-Op, Rosary, St Bede's, St Benedicts, St Thomas More's, Turner, Yarralumla Primary Schools.
Pre School Care		
Kingsford Smith	0730 to 0900 and 1500 to 1800 (School holidays and Public Holidays excluded).	O'Connor Co-Op Mon Tues Wed 1300 to 1800 Thurs 1200 to 1800
Turner	Operates on Wednesdays 0730 to 1200, 0900 to 1200 1200 to 1500, 1200 to 1800	

Welcome to the **YWCA of Canberra** Before and After School Age Care Programs.

Enrolment forms: All enrolment and booking forms need to be forwarded directly to Child Care Accounts. Please be aware all enrolments cease on the final day of term four each year. All families are required to re-enrol and reapply for positions for the following year, with positions being offered on a first in basis. Enrolment forms for the following year will be available from the YWCA of Canberra web site during term four www.ywca-canberra.org.au.

Permanent booking: Please ensure that you mark the days of care you require on your enrolment form (page four). Permanent enrolments are ongoing for the school year. When ceasing or reducing booked days, 14 days written notification is required. Written notification is required for all changes to bookings – email childcareaccounts@ywca-canberra.org.au or request a form from staff at the Program. Staff are not authorised to accept verbal changes.

Casual care: Care is available on a casual basis (subject to availability). To place a casual booking contact Child Care Accounts. Please note a minimum of 24 hours notice is required for casual care.

Cancellation of Care: Families with a permanent booking are required to provide two weeks written notice of cancellation to Child Care Accounts. CCB/CCR cannot be applied if your child/ren are absent on the last day of the notice period, full fees will apply.

Arrival and departure: It is a legal requirement that children are signed in and out by a family member or authorised guardian. You are required to sign daily on arrival and departure. Children attending Before School Care will be signed out by staff at 0900. Children attending After School Care will be signed in by staff on arrival at the program and must be signed out by the parent/guardian/authorised contact on departure. The attendance sheets are important, as they do not only indicate attendance at the program, but are used in the case of any emergency procedures, such as fire drills and compliance with reporting to the Department of Education Employment and Workplace Relations (DEEWR).

Hats and clothing: The YWCA of Canberra's Child Care Programs are SunSmart services. Children and staff are required to wear hats and apply sunscreen every day during the months of August through to the end of May. Children are encouraged to wear comfortable clothing that protects the body from the sun in warmer weather, and a jumper, jacket and hat during colder weather.

Medication: If there is any medication that needs to be administered at the program, please complete the medication form that is available on request.

Family communication: Feedback and input from parents is encouraged and appreciated. Families are invited to share any skills and areas of interest with the program, please contact staff regarding any suggestions or feedback you may have. Families are welcome at the program at all times.

Fees and Payments

Fees: School Age Care relies on fees to meet expenses. Fees are set at the lowest level possible to provide high quality care for children. Fees are charged during the school term, including public holidays and sessions when absent.

Fees are charged fortnightly, in advance. Accounts and receipts are sent via email or postal addresses (as indicated by families on enrolment). Payment is required when accounts are received.

All families using care are eligible for Child Care Benefit (CCB) and/or a Child Care Tax Rebate (CCR) (50% of out of pocket expenses up to approx. \$7500 per child). Families are required to have registered for childcare benefit with the Family Assistance Office and provide their individual Customer Reference Numbers (CRNs) for both the parent and the attending child/ren.

Fee Schedule:	
<i>School Age Care Fees as of January 1 2014:</i>	
Before School Care	Permanent \$16.00 / Casual \$17.00 per session
After School Care	Permanent \$26.00 / Casual \$28.00 per session
School Holiday Program	\$65.00 per session (including all excursions)

*** Please note our preferred payment method is: Ezi-debit (see attached) or BPay.**

Enrolment bond: Permanent booking - \$50.00 per child. The bond fee is added to the first account and is refunded against fees when each child leaves the program.

Non attendance & public holidays and absences: Fees are charged during school terms, including public holidays. There are no refunds or credits for public holidays or non-attendance at the program for permanent bookings, due to the need for operational and staffing costs to be met. As an alternative, families have the choice of casual bookings which are charged at a higher rate.

The program must be notified if a child will be absent for any reason. Notification can be made by phone or email and must occur by 2.30pm on the day of absence. If the program is not notified, a fee of \$10.00 may be applied to your account.

Fee payments: Fee payments are not accepted at programs. Methods of centralised payment of fees are detailed on page 14 of the School Age Care Information Booklet; the booklet is available on the YWCA of Canberra website.

Fee recovery: If payment has not been received before the next fortnight's care has been billed, fees will be deemed overdue. An overdue notice will appear on the next invoice. If a payment has not been received two fortnights after falling overdue, a late fee of \$10.00 will be charged, and added to the accounts, every month that fees are outstanding.

If fees are outstanding for 30 days or more, families will be advised by telephone/letter that the account must be paid within 14 days or access to the service may be cancelled. This means that your child/ren will be excluded from the program.

If families are experiencing financial difficulty a payment plan may be put into place to ensure the child can remain in care. This involves paying current and future fees and the remaining debt off over a specified period. To arrange a payment plan contact Child Care Accounts on the below details.

Arrival and departure: Programs close at 1800 a late fee is incurred for children collected after this time. The fee is \$20.00 for every 15 minutes or part there of, this will be added to the next fortnight's account (this fee will not apply in the case of any emergency that may arise).

Child Care Accounts Office Hours and Contact Information

Hours: 0900 – 1700 **Phone:** 6175 9922 **Fax:** 6175 9992

Street Address:
Level 5 CPA Building
161 London Circuit
CANBERRA ACT 2601

Postal Address:
YWCA of Canberra
GPO Box 767
CANBERRA ACT 2601

Email: childcareaccounts@ywca-canberra.org.au
Website: www.ywca-canberra.org.au



YWCA of Canberra School Age Care Annual Enrolment Form 2014

Level 5 CPA Building, 161 London Circuit
GPO Box 767 Canberra ACT 2601
P: (02) 6175 9922

F: (02) 6175 9992

W: www.ywca-canberra.org.au

E: childcareaccounts@ywca-canberra.org.au

Program:				
Charles Conder <input type="checkbox"/>	Hawker <input type="checkbox"/>	Kingsford Smith <input type="checkbox"/>	Lyneham <input type="checkbox"/>	Macquarie <input type="checkbox"/>
Majura <input type="checkbox"/>	O'Connor Co-Op <input type="checkbox"/>	Rosary <input type="checkbox"/>	St Bede's <input type="checkbox"/>	St Benedicts <input type="checkbox"/>
St Thomas More's <input type="checkbox"/>	Turner <input type="checkbox"/>	Yarralumla <input type="checkbox"/>		
Commencement date:				
Name of School/Pre School your child attends:				

Parent/Guardians must complete this form. Please complete **ALL INFORMATION** on **BOTH SIDES** of this application in **BLOCK LETTERS**.

Children's Details: (please note program is licensed for children 5 - 12 years)							
1	Given name:		Surname:		CRN:		
	Date of birth:		Age:		Gender:	M / F	Class year:
2	Given name:		Surname:		CRN:		
	Date of birth:		Age:		Gender:	M / F	Class year:
3	Given name:		Surname:		CRN:		
	Date of birth:		Age:		Gender:	M / F	Class year:

Parent /Guardian Details: (parent one must be the registered parent for Childcare Benefit/Rebate)							
1	Given name:		Surname:		CRN:		
	Address:				CRN:		
	Suburb:		State:		Postcode:		Date of birth:
	Email:				Contact number (home)		
	Contact number (work)				Contact number (mobile)		
2	Given name:		Surname:		CRN:		
	Address:				CRN:		
	Suburb:		State:		Postcode:		Date of birth:
	Email:				Contact number (home)		
	Contact number (work)				Contact number (mobile)		

Accounts:		
Name of person responsible for payment of account:		
I would like to receive my account by:	Email <input type="checkbox"/> Mail <input type="checkbox"/>	<i>Accounts are emailed/mailed fortnightly.</i>
Email address for accounts:		

Booking Information (please tick program enrolled)

(BSC: Before School Care, ASC: After School Care, LDC: Long Day Care, PSC: Pre-School Care)

Charles Conder <input type="checkbox"/> ASC	Hawker <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Kingsford Smith <input type="checkbox"/> BSC <input type="checkbox"/> ASC <input type="checkbox"/> PSC	Lyneham <input type="checkbox"/> ASC	Macquarie <input type="checkbox"/> BSC <input type="checkbox"/> ASC
Majura <input type="checkbox"/> BSC <input type="checkbox"/> ASC	O'Connor Co-Op <input type="checkbox"/> BSC <input type="checkbox"/> ASC <input type="checkbox"/> LDC <input type="checkbox"/> PSC	Rosary <input type="checkbox"/> BSC <input type="checkbox"/> ASC	St Bede's <input type="checkbox"/> ASC	St Benedicts <input type="checkbox"/> BSC <input type="checkbox"/> ASC
St Thomas More's <input type="checkbox"/> ASC	Turner <input type="checkbox"/> BSC <input type="checkbox"/> ASC <input type="checkbox"/> PSC	Yarralumla <input type="checkbox"/> BSC <input type="checkbox"/> ASC		

Do you require casual booking?
Casual before and after school care is offered subject to availability.

Yes No

Do you require a permanent booking?

Yes No

Commencement date

If you require a permanent booking please tick the days you would like your child to attend the program below:

Type of booking - Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>	BEFORE SCHOOL CARE					AFTER SCHOOL CARE				
Child's Name	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your child is attending Turner pre school please tick the sessions for either Before or After pre school care as required:	WED: 0730 -1200 <input type="checkbox"/> 0900 -1200 <input type="checkbox"/>					WED: 1200 -1500 <input type="checkbox"/> 1200 -1800 <input type="checkbox"/>				

Disability Status:Does your child have a Diagnosed Disability? Yes No

Description of disability _____

Will your child require additional support? Yes No **Please provide a copy of your healthcare card and support plan****Family Information:**

The YWCA of Canberra is committed to ensuring our services are accessible and engage diverse groups from within our community and as such, we invite you to share details of you and your child's background with us.

Please tick the box below if your child/ren is:

From a culturally or linguistically diverse background Aboriginal or Torres Strait Islander

Country of Birth: _____

Language most used at home: _____

Are there any cultural or religious occasions your family observes? _____

CHILD CARE ACCOUNTS USE ONLY

Date received:	Immunisation held:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Entered on QikKids	Enrolment Bond	Copied	Confirmed	CCMS Enrolled / CCR	Ezidebit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D/Debit <input type="checkbox"/> C/Card

Confidential Details, Child 1					
Child Given Name(s):				Surname:	
Date of birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Year at School (e.g. year 1):	
Country of birth:		Child CRN:		Each child has their own Customer Reference Number (CRN). For more information contact DHS on 13 61 50.	
Indigenous origin (please tick relevant box):			Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	
Does your child speak a language other than English at home?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please specify:		
Court orders					
Are there any court orders, parenting orders or parenting plans in relation to the child or access to the child?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide a copy.		
Health					
Does your child have any allergies, intolerances or dietary restriction, e.g. foods, medicine, grass, sunscreen etc.?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details:		
Does your child have any medical conditions? e.g. asthma, diabetes, epilepsy etc.			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details:		
Does your child have a medical action plan?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide a copy.		
Has your child been diagnosed as at risk of anaphylaxis?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please attach anaphylaxis medical plan.		
Does your child take any regular medication? e.g. Ventolin, etc.			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details & medical plan:		
Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? e.g. ADHD, Autism, Asperger's, behaviour etc.			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details:		
Does your child have a need for additional assistance in any of the following areas?					
Learning needs <input type="checkbox"/> Communication needs <input type="checkbox"/> Mobility needs <input type="checkbox"/> Interpersonal needs <input type="checkbox"/> Other needs <input type="checkbox"/>					

Confidential Details, Child 2					
Child Given Name(s):				Surname:	
Date of birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Year at School (e.g. year 1):	
Country of birth:		Child CRN:		Each child has their own Customer Reference Number (CRN). For more information contact DHS on 13 61 50.	
Indigenous origin (please tick relevant box):			Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	
Does your child speak a language other than English at home?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please specify:		
Court orders					
Are there any court orders, parenting orders or parenting plans in relation to the child or access to the child?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide a copy.		
Health					
Does your child have any allergies, intolerances or dietary restriction, e.g. foods, medicine, grass, sunscreen etc.?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details:		
Does your child have any medical conditions? e.g. asthma, diabetes, epilepsy etc.			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details:		
Does your child have a medical action plan?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide a copy.		
Has your child been diagnosed as at risk of anaphylaxis?			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please attach anaphylaxis medical plan.		
Does your child take any regular medication? e.g. Ventolin, etc.			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details & medical plan:		
Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? e.g. ADHD, Autism, Asperger's, behaviour etc.			No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details:		
Does your child have a need for additional assistance in any of the following areas?					
Learning needs <input type="checkbox"/> Communication needs <input type="checkbox"/> Mobility needs <input type="checkbox"/> Interpersonal needs <input type="checkbox"/> Other needs <input type="checkbox"/>					

Confidential Details, Child 3

Child Given Name(s):				Surname:			
Date of birth:				Gender:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Country of birth:				Child CRN:		Each child has their own Customer Reference Number (CRN). For more information contact DHS on 13 61 50.	
Indigenous origin (please tick relevant box):				Aboriginal <input type="checkbox"/>		Torres Strait Islander <input type="checkbox"/>	
Does your child speak a language other than English at home?				No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please specify:			
Court orders							
Are there any court orders, parenting orders or parenting plans in relation to the child or access to the child?				No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide a copy.			
Health							
Does your child have any allergies, intolerances or dietary restriction, e.g. foods, medicine, grass, sunscreen etc.?				No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details:			
Does your child have any medical conditions? e.g. asthma, diabetes, epilepsy etc.				No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details:			
Does your child have a medical action plan?				No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide a copy.			
Has your child been diagnosed as at risk of anaphylaxis?				No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please attach anaphylaxis medical plan.			
Does your child take any regular medication? e.g. Ventolin, etc.				No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details & medical plan:			
Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? e.g. ADHD, Autism, Asperger's, behaviour etc.				No <input type="checkbox"/> Yes <input type="checkbox"/> if yes , please provide details:			
Does your child have a need for additional assistance in any of the following areas?							
Learning needs <input type="checkbox"/> Communication needs <input type="checkbox"/> Mobility needs <input type="checkbox"/> Interpersonal needs <input type="checkbox"/> Other needs <input type="checkbox"/>							

Immunisation:

Are your child/ren's immunisations up to date as per the recommended schedule?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a copy of your child/ren's immunisation record been provided? (if not, please provide a copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Information:

I hereby authorise the following medication to be administered to my child/ren (tick the box and initial to consent):							
Ventolin in the event of an asthma attack or if my child appears to have difficulty breathing.						<input type="checkbox"/> Initial _____	
<i>The program will endeavour to contact you prior to administering medication and ask you to arrange collection of your child as per the health policy.</i>							
Should my child/ren require urgent medical attention, I give permission for staff/doctor/ambulance officer to administer such treatment as shall be considered appropriate, at my expense, subject to any specific restrictions listed here: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the case of emergency, I agree for my child/ren to be transported to hospital by ambulance at my expense.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have read the exclusions guidelines table in the information booklet and agree to abide by it.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of doctor:							
Address of doctor:							
Suburb:		State:		Postcode:			
Phone number:		Medicare number:					
Parent signature:		Date:					

Interview Request

Do you request an interview with the program Director? (If you select yes a Program Director will contact you.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Parent/Guardian 1 Details					
Relationship to the child(ren):	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/> Please specify		
Are you the parent/guardian registered to claim Childcare benefit (CCB) and/or Childcare Rebate through the Department of Human Services?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Surname:			First name:		
Date of birth:	Address:				
Suburb:	State:		Postcode:		
Work status:	Working <input type="checkbox"/>	Looking for work <input type="checkbox"/>	Studying/training <input type="checkbox"/>	Disability or disabled carer <input type="checkbox"/>	
Employment:			Occupation:		

Parent/Guardian 2 Details					
Relationship to the child(ren):	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/> Please Specify		
Surname:			First name:		
Date of birth:	Address:				
Suburb:	State:		Postcode:		
Work status:	Working <input type="checkbox"/>	Looking for work <input type="checkbox"/>	Studying/training <input type="checkbox"/>	Disability or disabled carer <input type="checkbox"/>	
Employment:			Occupation:		

Authorised Emergency Contacts (must be over 18 years old)						
<i>Authorised Emergency Contact is a person who the parent/guardian has given permission to collect the child from an education and care service, should the parent/guardians be unavailable, in the event of an incident, injury, trauma, illness, emergency, etc – At least one authorised Emergency Contact must be provided.</i>						
Contact 1 Surname:			First name:			
Relationship to child:			Mobile phone:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Home phone:			
Address:						
Suburb:	State:		Postcode:			
Work phone:						
Contact 2 Surname:			First name:			
Relationship to child:			Mobile phone:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Home phone:			
Address:						
Suburb:	State:		Postcode:			
Work phone:						
I give my permission for the above contacts to collect my child/ren from care should the parent/guardians listed not be available to collect my child/ren from care.						
Parent Signature:				Date:		

'Privacy: The information you provide on this form will be used by the YWCA of Canberra to facilitate your use of our services and programs, as well as the continuous improvement of School Age Care. At all times your privacy will be protected and your details will not be used for another purpose without your consent. For more information and a copy of the YWCA of Canberra's Privacy and Confidentiality Policy please contact the YWCA of Canberra Central Office on Ph: 02 6175 9900 or email canberra@ywca-canberra.org.au.'

Parent/Guardian Authorisations and Conditions of care

I/We _____ and _____
 (Insert parent/guardian names) agree to the following terms and conditions:

1. I am willing for my child/ren to participate in all activities offered in the School Age Care Program. Yes No
2. I agree it is my responsibility to familiarise myself with the program and to advise the staff in writing if I do not wish my child/ren to participate in a particular activity. Yes No
3. I give permission for staff to photograph my child/ren for the purpose of program displays and a means of recording activities. Yes No
4. I give permission for my child/ren to be photographed for the YWCA of Canberra publications and website. Yes No
5. I give permission for my child/ren to go for walks, excursions and visits away from the School Age Care Program under supervision and care of staff. Advance notification will be provided of any events away from the program. Yes No
6. Pay all fees and charges by the due date for any account rendered. I/we understand that in the event of financial hardship, special arrangements may be made on application to the Manager, Child Care Accounts. I/we understand that the YWCA of Canberra is entitled to the recovery of outstanding fees plus additional costs incurred to a collection agency for recovery action.
7. Understand that my booking/enrolment will be cancelled if the account remains outstanding and will be forwarded to a collection agency for recovery (unless prior arrangements have been made).
8. Indemnify any person associated with the education and care service in relation to any claim for damages as a result of an accident, injury or trauma to my child/ren unless it is the direct result of negligence on the behalf of the YWCA of Canberra.
9. I/we understand that a minimum of two weeks notice, in writing/email is required to cancel or decrease my child/ren's booking with the childcare service.
10. I/w understand, that Child Care Benefit and Child Care Rebate cannot be applied to my fees if my child/ren is absent on his/her first and last day(s) and full fees will apply. If my child/ren are absent on the last day of the notice period full fees will apply.
11. I/we understand, that Child Care Benefit and Child Care Rebate can only be applied to my child/ren's first 42 absence days, any additional absence days will be charged at full fees, unless 'additional absence' reasons apply and relevant supporting documentation is provided.
12. I/we understand that a late fee of \$20.00 per child for every 15 minutes or part thereof will be charged for children picked up after 1800.
13. I/we agree to a bond of \$50.00 per child for permanent bookings will be added to your first account. The bond is fully refundable when two weeks notice is given to cancel booking and account is paid in full.
14. I/we understand we will be charged for the days we book, in the event we do not use our booked days (due to changed plans, family holidays, sickness, public holidays etc.) we are still required to pay for our booking.
15. In line with the YWCA of Canberra's mission and values (available at www.ywca-canberra.org.au). I/we agree to respect and show courtesy in all dealings with staff, and families and children within the education and care service. I/we acknowledge any forms of discriminatory or threatening behaviours are not acceptable.
16. I/we acknowledge my child/ren attending BSC must be signed in by a parent/guardian/authorised contact on arrival to the program, and signed out by an educator to go to school. I/we acknowledge my child/ren attending ASC must be signed in by an educator on arrival to the program and signed out by a parent/guardian/authorised contact.
17. I/we are aware the YWCA of Canberra Policy and Procedure Manual and YWCA of Canberra Children's Service Manual is available at the program for me to access at any time.
18. I/we acknowledge that the Information Booklet is available on the YWCA of Canberra's website and at the program. I/we understand that it is my responsibility to become familiar with this document, and by enrolling my child/ren, I agree to abide by the conditions and obligations listed.
19. The information I/we have provided on this form is correct, and I/we understand it is out responsibility to update details should they change.

Parent Guardian 1 signature:		Date:	
Parent Guardian 2 signature:		Date:	

Please return completed forms to Child Care Accounts. Please allow one week for processing.

P: 6175 9922

E: childcareaccounts@ywca-canberra.org.au

W: www.ywca-canberra.org.au



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.2)

DDR Service Agreement (Ver 1.2)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (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 4:00pm 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 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.

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, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www.ezidebit.com.au

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 authorise:

- a) Ezidebit to verify 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

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