

Enrolment form

All correspondence will be made via email unless otherwise specified. Please select primary email address for the family?

Parent/Guardian 1 Parent/Guardian 2

Select days requested

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Occasional care for special circumstances/emergency					

Staff only:

Start date: DD / MM / YYYY

Copy of Birth Certificate supplied: Yes No

Immunisation records supplied: Yes No

Health Action Plans supplied: Yes No N/A

Consent given: Photo Personal information

Child

First name:	Last name(s):	Preferred name:
DOB: DD / MM / YYYY	Place of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Religion:
Cultural background:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> N/A	
Child's CRN (if applicable):	Language(s) spoken at home:	
Name of school attending:	Year at school and class:	

Parent/Guardian 1

Parent/Guardian 2

Full name:			Full name:		
Relationship to child:			Relationship to child:		
DOB: DD / MM / YYYY			DOB: DD / MM / YYYY		
Address:			Address:		
AH:	M:	W:	AH:	M:	W:
Email:			Email:		
Preferred method of contact: <input type="checkbox"/> AH <input type="checkbox"/> M <input type="checkbox"/> E			Preferred method of contact: <input type="checkbox"/> AH <input type="checkbox"/> M <input type="checkbox"/> E		

Parent/Guardian 1	Parent/Guardian 2
Occupation:	Occupation:
Employer:	Employer:
Work days/hours:	Work days/hours:
Ethnic/cultural background:	Ethnic/cultural background:
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> N/A	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> N/A
Parent/Guardian responsible for paying fees: <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2	
Parent's CRN (Parent linked for CCSS): Parent's Name: _____ CRN: _____	
Does your family hold a low income Health Care card: <input type="checkbox"/> Yes (please attach copy) <input type="checkbox"/> No	

Court orders

Are there any Court Orders pertaining to custody or residence of your child?

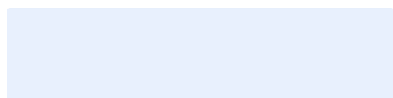
No Yes (please provide copies of any Court Orders)

Are there any Parenting Orders/Plans in place for your child?

No Yes (Please provide copies of any Parenting Orders/Plans)

Authorisations

I, _____ hereby authorise the persons listed below to undertake the following responsibilities.



Signature

DD / MM / YYYY

Date

Authorised person 1	Authorised person 2
Name:	Name:
Address:	Address:
AH: _____ M: _____ W: _____	AH: _____ M: _____ W: _____
Relationship to child:	Relationship to child:
I agree for this person to:	I agree for this person to:
<input type="checkbox"/> Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.	<input type="checkbox"/> Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.
<input type="checkbox"/> Be contacted in the case of an emergency, injury, illness and to authorise medical treatment if parent/guardian is uncontactable	<input type="checkbox"/> Be contacted in the case of an emergency, injury, illness and to authorise medical treatment if parent/guardian is uncontactable.
<input type="checkbox"/> Permit to transport child by ambulance	<input type="checkbox"/> Permit to transport child by ambulance
<input type="checkbox"/> Give consent for the administration of medication	<input type="checkbox"/> Give consent for the administration of medication
<input type="checkbox"/> Give consent for staff to take my child to excursions outside of the centre premises.	<input type="checkbox"/> Give consent for staff to take my child to excursions outside of the centre premises.

Medical information

Medicare number:	Health fund provider and no:
Doctor's name:	Dentist's name:
Address:	Address:
Phone:	Phone:

Immunisation

Has your child been immunised? No Yes Is it up to date? Yes No

Please attach a copy of the approved documentation to the enrolment form. Refer to the Enrolment Policy.

Note: An Australian Childhood Immunisation Register (ACIR) Immunisation History Statement must be supplied.

Health background

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

(Please list, including brief treatment summary. A Medical Action Plan which has been developed by a medical professional, and Risk Minimisation Plan will be required.)

Does your child have any allergies e.g. food, medication, animal, insects?

No Yes *(Please list including brief treatment summary. A Medical Action plan, which has been developed by a medical professional, and Risk Minimisation Plan will be required.)*

Does your child have any special dietary requirements? No Yes *(Please provide details.)*

Health background

Do you, or have you had concerns about your child's speech development, eye sight or hearing?

No Yes *(Please provide details.)*

Does your child have any health problems or medical condition that is being treated or monitored? No Yes

(Please list, including brief treatment summary. A Medical Action Plan and Risk Minimisation Plan will be required for asthma, diabetes, epilepsy, etc.)

Does your child take any regular medication? No Yes *Please provide details.)*

Does your child have a disability or delay, including intellectual, sensory or physical impairment?

No Yes *(How does the disability affect your child? Please give details including mobility, toileting and communication.)*

Child profile

Homework

Do you wish your child to complete any homework whilst at the centre?

No Yes *(please give details of how you would like this approached)*

Personality

Does your child have any particular fears staff should be aware of? No Yes (*please provide details*)

Please describe your child's special interests or favourite activities?

Family profile

Siblings

Name:	DOB DD / MM / YYYY	Name:	DOB DD / MM / YYYY
Name:	DOB DD / MM / YYYY	Name:	DOB DD / MM / YYYY

Other significant household members

Name:	Name:
Relationship to child:	Relationship to child:

Professional skills or interests which you may be able to share with the Centre

Skills:	Special training:
Creative activities:	Other:

Special days/events celebrated (*please list*)

What are you hoping your child will gain from their experiences while at Outside School Hours Care?

Additional information

Please list any special considerations, cultural, religious or dietary preferences, or additional needs of which our staff should be aware:

Authorisation (please sign below)

- I authorise the staff at the Centre – CatholicCare Diocese of Broken Bay, to:
- Seek urgent medical treatment from a registered medical practitioner, dental service, hospital or ambulance service
 - Carry out urgent medical treatment.
 - Release my child to the care of medical or emergency services if deemed necessary
 - Transport the child by ambulance if deemed necessary
 - I understand any cost will be borne by the parent/guardian.
- I authorise the staff to apply sunscreen as required and as per the Sun Protection Policy.
- I do / do not give permission for staff to administer Paracetamol once according to the manufacturer's instruction and the Medication Policy in the case of a fever greater than 38.5°C.
- I recognise all attempts will be made to control the fever, including removing excess clothing and encouraging fluid intake, and making contact with parents/guardians to inform them of the child's health and wellbeing.
- I understand that staff will administer an EpiPen once and in accordance with the Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy, the Medication Policy and the Education and Care Services National Regulations in the event that my child has an anaphylaxis emergency while at the centre.
- I understand that all attempts will be made to contact parents as soon as practicable and that an ambulance will be called.
- I understand that staff will administer asthma reliever medication in accordance with the Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy, the Medications Policy and the Education and Care services National Regulations in the event that my child has an asthma or anaphylaxis emergency while at the centre.
- I understand that all attempts will be made to contact parents as soon as practicable and that an ambulance will be called.
- I give permission for **staff to take photographs** of my child for use in the following (**please select agreed points**):
- My Child's Observations/Portfolio
 - Other Children's Observations/Portfolios (i.e. group shots)
 - Display within the Service
 - Display in the Service publication
 - Use in program documentation sent to families via email
 - Slideshow presentations with Catholic Schools Office Staff
 - Slideshow presentations for Children's Services Staff and/or CatholicCare Staff Professional Development training
- I give consent to the collection and use of my image/my child's image by photography or video recording by CatholicCare. I acknowledge that these may be used on the CatholicCare website, selected social media channels, in newsletters and publications for the purpose of promotion and marketing. I also acknowledge that I am not entitled to any remuneration, royalties or any other payment from CatholicCare in respect of the use by CatholicCare of the photographs and/or videos.
- I understand that no personal information, such as names, will be used in any publications unless express consent is given.
- I understand that I am only allowed to photograph my own child while on the centre premises. I also understand that group photographs/media taken of groups of children, by service staff, at special events (e.g. Christmas parties etc.) and photos included in the children's documentation are not to be distributed to other people.
- I have read and understood the Notification of the Collection of Personal Information.
- I give consent to CatholicCare Diocese of Broken Bay to collect and use my personal and sensitive information as described on the Notification of the Collection of Personal Information.
- I certify that the information contained in this enrolment form is correct. I will immediately inform the Coordinator of any changes to this information.
- I have read and understood the Enrolment, Waiting list and Orientation Policy
- I have read, understood and agree to abide by the centre's information, policies and procedures.

.....
Parent/Guardian name


Signature

DD / MM / YYYY
Date

Office use only: Application complete and entered into the centre's system

Date entered: DD / MM / YYYY

By whom:

Direct Debit Request Service Agreement

HubHello Pty Ltd CAN 160 176 018
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T 1 300 769 110
E hello@hubhello.com

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Overview

This is your Direct Debit Service Agreement with **HubHello Pty Ltd**

ACN 160 176 018. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference.

It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions

- **account** means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.
- **agreement** means this Direct Debit Request Service Agreement between you and us.
- **banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- **debit day** means the day that payment by *you to us* is due.
- **debit payment** means a particular transaction where a debit is made.
- **direct debit request** means the Direct Debit Request between *us* and *you*.
- **us** or **we** mean **HubHello**, (the Debit User) you have authorised by requesting a *Direct Debit Request*.
- **you** mean the customer who has signed or authorised by other means the *Direct Debit Request*.
- **your financial institution** means the financial institution nominated by *you* on the DDR at which the account is maintained.

Debiting your account

- 1.1 By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and *you*.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.

or

- 1.3 We will only arrange for funds to be debited from *your account* if we have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.
- 1.4 If the *debit day* falls on a day that is not a *banking day*, we may direct your *financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.
- 1.5 'HUBHELLO CHILDCARE' for Credit Card or Debit Card debits or 'HUBHELLO CCARE' for bank account (BSB and Account Number listed) debits, will appear as the transaction reference on *your* nominated debiting account statement.

**Please note, your bank or credit card issuer may also apply extra wording on your statement notation such as physical location details e.g.; 'Upper Mt Gravatt Qld'*

Amendments by us

- 2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen **(14) days** written notice.

Amendments by you

- 3.1 You may change*, stop or defer a debit payment, or terminate this agreement by contacting your service with at least 7 days or
- 3.2 Arranging it through your own financial institution, which is required to act promptly on your instructions.

**Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising HubHello of your new account details.*

Your obligations

- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - (a) *you* may be charged a fee and/or interest by *your financial institution*;
 - (b) *you* may also incur fees or charges imposed or incurred by us; and
 - (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the *debit payment*.
- 4.3 You should check *your account* statement to verify that the amounts debited from *your account* are correct
- 4.4 It is *your* obligation to ensure *you* discuss any/all associated direct debit transaction fees/charges with *your* service provider.

Dispute

- 5.1 If you believe that there has been an error in debiting your account, you should notify HubHello directly and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

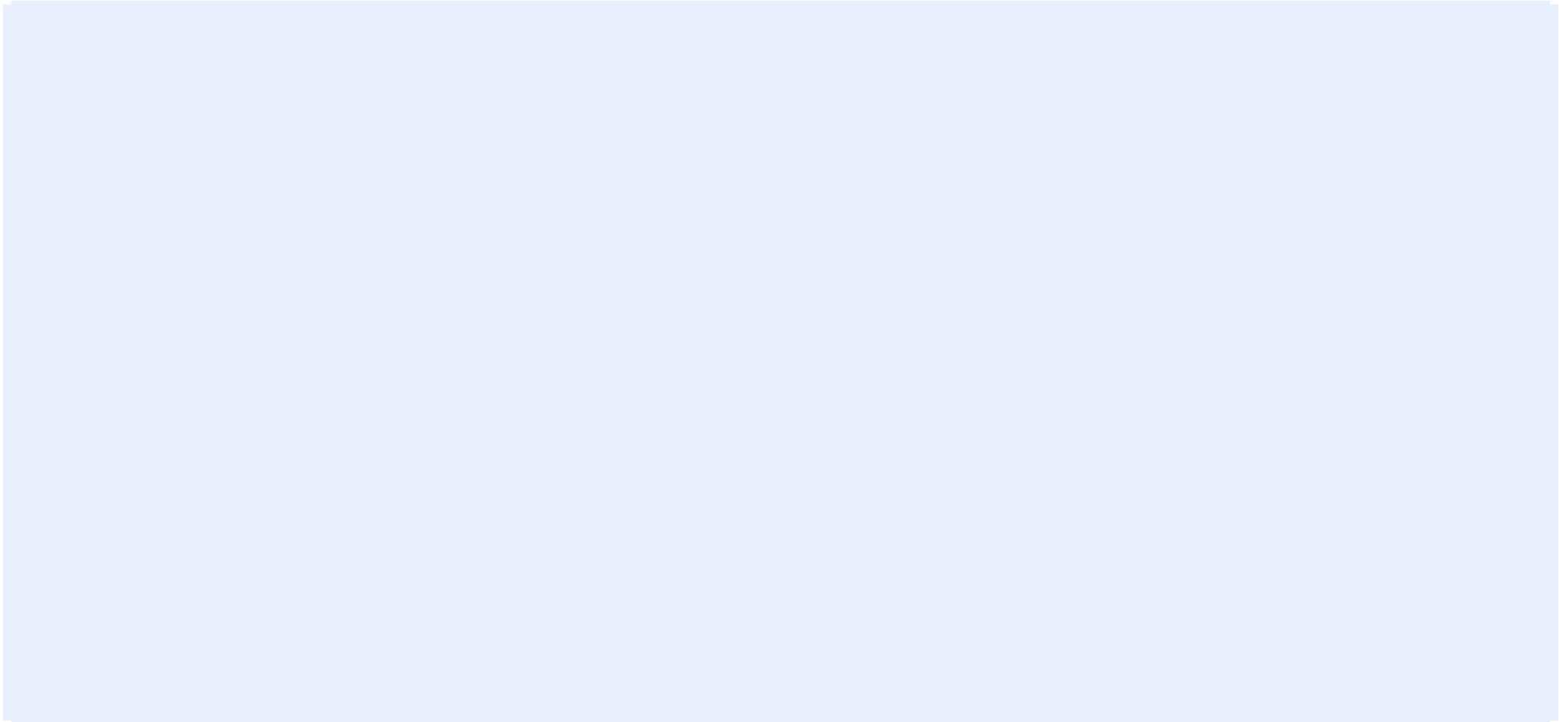
Confidentiality

- 7.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to 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.
- 7.2 We 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).

Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to HubHello at: accounts@hubcareservices.com
- 8.2 We may send notices either electronically to your email address or by ordinary post to the address you have given us.
- 8.3 Any notice will be deemed to have been received on the third banking day after emailing or posting.

Sample menu –



Service Daily Routine

Before School Care:

[Click here to enter text]

After School Care:

[Click here to enter text]

Service General Information

Our team

Coordinator: [Click here to enter text]

Practice Manager: [Click here to enter text]

Service contact details

Service email: [Click here to enter text]

Service phone: [Click here to enter text]

Operating hours

Before School Care: [Click here to enter text]

After School Care: [Click here to enter text]

Enrolment process

1. Provide completed enrolment form and supporting documents to your service Coordinator by emailing the service or dropping off your documents to the service.
2. Receive email confirmation from service Coordinator with your booking details.
3. Log in to MyGov and accept CWA.

How to apply for CCS

View the step by step guide by clicking on the link:

<https://www.humanservices.gov.au/individuals/online-help/centrelink/claim-child-care-subsidy>

Or by requesting this step by step guide from your service Coordinator.

How to accept your CWA for CCS

View the step by step guide by clicking on the link:

<https://www.humanservices.gov.au/individuals/online-help/centrelink/confirm-your-childs-enrolment-details-child-care-subsidy>

Or by requesting this step by step guide from you