Out of School Hours Care Enrolment Information

Eligibility:
All children attending kindergarten to year 6 at primary school are eligible to attend the before and after school care programs. Children attending preschool may attend at the following programs - Chisholm, Fadden, Gordon, Maribyrnong, Monash, Neville Bonner, Theodore and Wanniassa Primary Schools.

Permanent Booking:
Please ensure that you mark the days of care you require on your enrolment form. Permanent enrolments are ongoing for the school year (no removal of ad-hoc days or suspending care). When ceasing or reducing permanent booked days, **15 business days written notification is required.** Written notification is required for all changes to bookings – email enrolments@commsatwork.org. **Staff are not authorised to accept verbal changes.**

Casual Care:
Care is available on a casual basis if a place is available. Before school care bookings must be made prior to 12.00noon the day before care is required. After school care bookings must be made prior to 12.00noon on the day care is required. Bookings can be made by phoning the Children's Services Enrolments Team on 1300 212 273.

Enrolment Forms:
All enrolment and booking agreement forms need to be forwarded directly to Children's Services enrolment team. School age care programs are not able to accept enrolment forms or notification of a booking cancellation. Please be aware all enrolments cease on the final day of term four (4) 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 website during term three (3) www.commsatwork.org

Notice Periods and Cancellations:
Families with a permanent booking are required to provide 15 business days notification to the Children's Services enrolment team for any proposed changes, or the intention to cease a child's enrolment. Guarantee of changes is subject to availability. If a family withdraws their child/ren without appropriate notification full fees will be charged until notification has been received.

Casual bookings can be cancelled up to 24 hours prior to the commencement of that booking by notifying the Children's Services Enrolments Team.

Attendance Sheets:
Attendance sheets are a record of children attending the program and families are required to sign daily on arrival and departure. The attendance sheets are extremely important, they not only indicate attendance at the program, but are of key importance in emergency procedures, such as fire drills and compliance with reporting to the Department of Education Employment and Workplace Relations (DEEWR).

Privacy Statement:
Communities@Work is required to collect and use personal/health information about families on the enrolment form. The information obtained may be disclosed to the Department of Education and Department of Human Services. However, there may be circumstances where we are legally required to disclose information to other authorities.

All personal information is securely stored and people's personal details must not be discussed other than as needed for the administration of the service. All child care services must comply with the National Privacy Principles under the Privacy Act 1988 in handling personal information.
Food:
Our before school care programs provide a light breakfast and nutritious snacks are provided for children attending after school care. Families choosing to provide food for their child must do so in accordance with the Nutrition & Physical Activities Policy, outlined in Communities@Work's Out of School Hours Care policy and procedures (copy available on request).

Sun Protection:
Communities@Work Programs are SunSmart services. We implement a "no hat, play in the shade" policy when the UV rating is 3 or above. When playing outside, children are required to wear a wide brimmed, Legionnaire or bucket style hat, clothing that covers shoulders and shoes that cover feet. Singlets and caps are not permitted.

Behaviour Guidance:
Before and after school care educators will work with the families to positively guide children's behaviour at the program. Our Behaviour Guidance Policy combines positive techniques for supporting appropriate behaviour and relevant consequences for inappropriate behaviour.
We do, however, reserve the right to cease a child's enrolment (in consultation with parents/guardians) when their behaviour continually threatens the positive and safe environment of the program.

Children's Services Enrolments Team:
The Communities@Work Children's Services Enrolments Team (CSET) provides a vital link between our clients and our child care and education centres, school age care and school holiday programs. The overarching function of CSET is to ensure compliance with the federal government Child Care Management System (CCMS).

CSET assists families with queries relating to attendance, enrolments/bookings and general account enquires.
The Children’s Services Enrolments Team happy to answer any questions you may have and can be contacted on 1300 212 273.

Child Care Benefit:
Child Care Benefit (CCB) is a payment from the Australian Government to help families with the cost of child care in the form of a subsidised fee. Assessment is available by application to the Department of Human Services (DHS) by phoning 13 61 50. Should you require assistance for languages other than English, phone 13 12 02. Families are responsible for the payment of full fees until the children's services enrolment team receives the DHS assessment.

Customer Reference Number (CRN):
Families are responsible for providing the children's services enrolment team with their child's and the registered parents CRN and dates of birth. CCB and CCR cannot be applied to family's accounts until a successful formal CCMS enrolment is made with DHS.

Child Care Rebate:
Child Care Rebate (CCR) is a payment made to families by the Australian Government to assist working/studying/ or training parents/guardians with the cost of child care. The Government will provide families with 50% of out of pocket expenses, up to $7500 (indexed per child per year). The rebate is payable quarterly, as an annual lump sum, weekly or fortnightly into families' bank accounts, or weekly or fortnightly directly to the program as a fee reduction.

Late Fee:
A late fee of $20.00 per child for every 15 MINUTES or part thereof will be charged for children remaining on the premises after 6 pm.
Please note – School age care educators are required to vacate school premises no later than 6 pm. If you are delayed in collecting your child, contact the program immediately. Parents that continue to pick up their children late from the services may have their enrolment ceased.

Enrolment/Administration Fee:
A one off enrolment / administration fee of $30.00 is payable per family, is non-refundable and will be charged to your account at the time of enrolment. This fee includes the costs associated with the children’s services enrolment team processing your child’s enrolment. Please allow one (1) week for your enrolment to be processed.

Payment:
All accounts will be emailed each fortnight. Full payment must be received within seven (7) days of the invoice period. Fees are payable for every day of your child’s enrolment including absences due to illness or family holidays. If your account remains outstanding this will result in your enrolment being ceased and your account forwarded to a debt recovery agency unless approved alternate arrangements have been made with the children’s services enrolment team.

Payment Arrangements
Payments are via Ezidebit Australia who provide two options of payment: Option 1: Direct Debit from your nominated account. Processing days are Thursday fortnightly as indicated on direct debit request form Option 2: Credit Card. This will incur additional charges; 1.87% of debit amount for Visa and MasterCard. American Express incurs charges at 4.4% of debit amount. Processing days are Friday fortnightly as indicated on direct debit request form. For any dishonoured payments Ezidebit will charge you a fee. NOTE: No cash or EFTPOS facilities are available.

Phone: 1300 212 273   Email: enrolments@commsatwork.org  www.commsatwork.org
Communities@Work's Children's Services

Communities@Work's Children's Services are focused on building strong relationships around the children in our care to ensure the best possible outcomes for children growing up in our community.

Communities@Work's Children's Services provide safe, stimulating environments for the nurture and education of children through child care and education centres, family day care, in-home care, and out of school hours care. We also offer family programs to help families maintain healthy, happy relationships with their children.

Communities@Work's Centre of Professional Learning and Education is a Registered Training Organisation (88148) that offers quality professional learning and support for the education and care sector.

Our programs are spread right across Canberra, all with a focus on providing the best possible nurture for young hearts and minds.

Phone: 1300 212 273   Email: enrolments@commsatwork.org
Children's Details

Child 1 Name: __________________________ Date of Birth: __________________________
Surname: __________________________ Date of Birth: __________________________
Child 2 Name: __________________________ Date of Birth: __________________________
Surname: __________________________ Date of Birth: __________________________
Parent/Guardian 1 Name: __________________________
Parent/Guardian 2 Name: __________________________
Name of school your child attends: __________________________
Child 1 School Year 2016: __________________________ Child 2 School Year 2016: __________________________

Program

☐ Before School Care
☐ After School Care
☐ After School Care Short Stay (must pick up before 4:05 pm)

Commencement Date: __________________________

Program Use Only

☑ Child Health Record Sighted: ☐ Yes ☐ No ☐ N/A Date: __________________________ Initials: __________________________
☐ Care Order attached: ☐ Yes ☐ No ☐ N/A Medical Action Plan attached: ☐ Yes ☐ No ☐ N/A
☐ Anaphylaxis Action Plan attached: ☐ Yes ☐ No ☐ N/A Inclusion Support Request: ☐ Yes ☐ No ☐ N/A

Children’s Services Enrolment Team Use Only

Enrolment received by CSET: ☐ Yes ☐ No Date: __________________________

Entered on QikKids: __________________________ Enrolment Fee: __________________________
Copied: __________________________ Confirmed: __________________________
CCMS Enrolled / CCR: __________________________ Ezidebit: ☐ D/Debit ☐ C/Card
Confidential Details, Child 1

Given Names: __________________________ Surname: __________________________

Address: ___________________________________________

Suburb: __________________________ State: __________ Postcode: __________

Date of Birth: __________________________ Gender: □ Male □ Female

Child CRN: ____________________________

Indigenous Origin and Cultural Background (please tick relevant box):

□ Aboriginal □ Torres Strait Islander □ Aboriginal and Torres Strait Islander

□ Neither Aboriginal or Torres Strait Islander Cultural Background: __________________________

Does your child speak a language other than English at home? □ No □ Yes (If yes please specify below)

Court Orders

Are there any court orders, parenting orders or parenting plans in relation to the child or access to the child? □ No □ Yes* "If yes, please provide a copy.

Health

Does your child have any allergies, intolerances or dietary restrictions, e.g. foods, medicine, grass, sunscreen etc? □ No □ Yes* "If yes, please provide a copy.

Severity: □ Mild □ Moderate □ Severe Notes:

Current (less than 12 months old) Medical Action Plan attached: □ No □ Yes (If no please provide a copy)

Does your child have any medical conditions? E.g. asthma, diabetes, epilepsy etc. □ No □ Yes* "If yes, please provide a copy.

Severity: □ Mild □ Moderate □ Severe Notes:

Current (less than 12 months old) Medical Action Plan attached: □ No □ Yes (If no please provide a copy)

Has your child been diagnosed as at risk of anaphylaxis? □ No □ Yes* "If yes, please provide a copy.

Current (less than 12 months old) Anaphylaxis Action Plan attached: □ No □ Yes (If no please provide a copy)

Does your child take any medication? E.g. Ventolin, etc. □ No □ Yes (If yes please provide details)

Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Aspergers, behaviour etc. □ No □ Yes (If yes please provide details)

Does your child require inclusion support?

Permission for information to be obtained for use by the Inclusion Support Agency (refer Communities@Work website):

Does your child suffer from fears or phobias? □ No □ Yes (If yes please provide details)

If your child has a diagnosed disability, is there anything that you do or modify at home? □ No □ Yes (If yes please provide details)

Does your child have a need for additional assistance in any of the following areas?

□ Learning Needs □ Communication Needs □ Mobility Needs □ Interpersonal Needs □ Other Needs
Confidential Details, Child 2

Given Names: ____________________________  Surname: ____________________________

Address: __________________________________________

Suburb: ____________________________  State: ____________________________  Postcode: ____________________________

Date of Birth: ____________________________

Child CRN: ____________________________

Indigenous Origin and Cultural Background (please tick relevant box):
☐ Aboriginal  ☐ Torres Strait Islander  ☐ Aboriginal and Torres Strait Islander
☐ Neither Aboriginal or Torres Strait Islander  Cultural Background: ____________________________

Does your child speak a language other than English at home?  ☐ No  ☐ Yes (if yes please specify below)

Court Orders

Are there any court orders, parenting orders or parenting plans in relation to the child or access to the child?  ☐ No  ☐ Yes*  *If yes, please provide a copy.

Health

Does your child have any allergies, intolerances or dietary restrictions, e.g. foods, medicine, grass, sunscreen etc?  ☐ No  ☐ Yes*  *If yes, please provide a copy.

Severity: ☐ Mild  ☐ Moderate  ☐ Severe  Notes: ____________________________

Current (less than 12 months old) Medical Action Plan attached:  ☐ No  ☐ Yes (if no please provide a copy)

Does your child have any medical conditions? E.g. asthma, diabetes, epilepsy etc.

Severity: ☐ Mild  ☐ Moderate  ☐ Severe  Notes: ____________________________

Current (less than 12 months old) Anaphylaxis Action Plan attached:  ☐ No  ☐ Yes*  *If yes, please provide a copy.

Has your child been diagnosed as at risk of anaphylaxis?  ☐ No  ☐ Yes*  *If yes, please provide a copy.

Current (less than 12 months old) Asthma Action Plan attached:  ☐ No  ☐ Yes*  *If yes, please provide a copy.

Does your child take any medication? E.g. Ventolin, etc.  ☐ No  ☐ Yes*  *If yes, please provide a copy

Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Aspergers, behaviour etc.  ☐ No  ☐ Yes

Does your child require inclusion support?  ☐ No  ☐ Yes

Permission for information to be obtained for use by the Inclusion Support Agency (refer Communities@Work website):

Does your child suffer from fears or phobias?  ☐ No  ☐ Yes

If your child has a diagnosed disability, is there anything that you do or modify at home?  ☐ No  ☐ Yes

Does your child have a need for additional assistance in any of the following areas?

☐ Learning Needs  ☐ Communication Needs  ☐ Mobility Needs  ☐ Interpersonal Needs  ☐ Other Needs
Parent/Guardian 1 Details

Relationship to child:  ☐ Mother  ☐ Father  ☐ Other  Please Specify: __________________________

Are you the parent/guardian who receives CCB through the Department of Human Services:  ☐ Yes  ☐ No

Are you eligible to claim Child Care Benefit (CCB) and/or Child Care Rebate (CCR):  ☐ Yes  ☐ No

Surname: __________________________  First Name: __________________________

Date of Birth: __________________________  Gender:  ☐ Female  ☐ Male

Customer Reference Number (CRN): __________________________

CRN and DOB are essential to claim CCB and CCR. If you do not intend to claim CCB to reduce your fees, we still require your CRN to comply with government reporting requirements.

Email: __________________________

Address: __________________________

Suburb: __________________________  State: __________________________  Postcode: __________________________

Home Phone: __________________________  Mobile: __________________________  Work Phone: __________________________

Work Status:  ☐ Working  ☐ Looking for work  ☐ Studying/Training  ☐ Disability or Disabled Carer

Occupation: __________________________  Employer: __________________________

Address of Employer: __________________________

Suburb: __________________________  State: __________________________  Postcode: __________________________

Parent/Guardian 2 Details

Relationship to child:  ☐ Mother  ☐ Father  ☐ Other  Please Specify: __________________________

Are you the parent/guardian who receives CCB through the Department of Human Services:  ☐ Yes  ☐ No

Are you eligible to claim Child Care Benefit (CCB) and/or Child Care Rebate (CCR):  ☐ Yes  ☐ No

Surname: __________________________  First Name: __________________________

Date of Birth: __________________________  Gender:  ☐ Female  ☐ Male

Customer Reference Number (CRN): __________________________

CRN and DOB are essential to claim CCB and CCR. If you do not intend to claim CCB to reduce your fees, we still require your CRN to comply with government reporting requirements.

Email: __________________________

Address: __________________________

Suburb: __________________________  State: __________________________  Postcode: __________________________

Home Phone: __________________________  Mobile: __________________________  Work Phone: __________________________

Work Status:  ☐ Working  ☐ Looking for work  ☐ Studying/Training  ☐ Disability or Disabled Carer

Occupation: __________________________  Employer: __________________________

Address of Employer: __________________________

Suburb: __________________________  State: __________________________  Postcode: __________________________
Fadden
Out of School Hours Care
Enrolment Form

Authorised Nominee is a person, over 18 years old, 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 NOMINEE MUST BE PROVIDED.

Authorised Nominee 1
Surname: ___________________________ First Name: ___________________________
Relationship to child: ___________________________ Gender: □ Female □ Male
Address: ________________________________________________________________
Suburb: ___________________________ State: ___________________________ Postcode: __________
Home Phone: ___________________________ Mobile: ___________________________ Work Phone: ___________________________

Authorised Nominee 2
Surname: ___________________________ First Name: ___________________________
Relationship to child: ___________________________ Gender: □ Female □ Male
Address: ________________________________________________________________
Suburb: ___________________________ State: ___________________________ Postcode: __________
Home Phone: ___________________________ Mobile: ___________________________ Work Phone: ___________________________

I give my permission for the above nominees 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: __________

Medical Information
Name of Doctor: _________________________________________________________
Address of Doctor: _________________________________________________________
Suburb: ___________________________ State: ___________________________ Postcode: __________
Phone: ___________________________ Medicare Number: ___________________________
Private Health Insurance: □ Yes* □ No *Membership Number: ___________________________
Name of Fund: ___________________________
Ambulance Insurance: □ Yes* □ No *Membership Number: ___________________________

I give permission for the program to seek information from the doctor/medical centre named above about how to manage any allergy or medical condition experienced by my child/ren.  □ Yes* □ No

Parent Signature: ______________________________________________________ Date: __________
Booking Details:

Commencement Date:

Do you require a Casual Booking? Casual before and after school care is offered subject to availability  □ Yes □ No
Do you require a Permanent Booking? □ Yes □ No
Is this a Short Stay Booking? □ Yes □ No

Permanent Booking:
Please ensure that you mark the days of care you require on your enrolment form. Permanent enrolments are ongoing for the school year (no removal of ad-hoc days or suspending care). When ceasing or reducing permanent booked days, 15 business days written notification is required. Written notification is required for all changes to bookings – email enrolments@commsatwork.org. Staff are not authorised to accept verbal changes.

If you require a permanent booking please tick the days you would like your child to attend the program below (fill out week 2 for fortnightly bookings ONLY):

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Before School Care</th>
<th>After School Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tues</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Accounts

Name of person responsible for payment of account:

Email address for accounts:

If you have an Assessment Notice from the Department of Human Services and there are siblings listed on the Assessment Notice and those siblings attend another approved long day care, family day care or school age care program, please complete the following so the multiple child CCB percentage can be applied to your account.

Child Care Benefit (CCB) and Child Care Rebate (CCR):

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Child 1</th>
<th>Child 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of other program:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of children who attend approved long day care, family day care or school age care programs or any combination of these services in the same week:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you wish to claim the multiple CCB percentage for these children at this service? □ Yes □ No
I understand it is my responsibility to notify the children's services enrolment team in writing should the number of children claiming the multiple CCB percentage change for my family.

Signature: __________________________  Date: __________________________
Authorisations

I authorise my child/ren to participate in all activities offered by the program:

☐ Yes  ☐ No

I authorise educators of the school age care program to share information about my child/ren with their primary school teacher:

☐ Yes  ☐ No

I consent for my child/ren to participate in local excursions e.g. walks to local parks and sports ovals under supervision of educators. Notification will be provided for any excursions involving the use of transport or away from the program:

☐ Yes  ☐ No

I give permission for my child/ren to be transported by Communities@Work Bus Fleet or Communities@Work car as required:

☐ Yes  ☐ No

In the event of an accident, injury, trauma or illness, I consent to my child/ren being given medical treatment in an emergency situation from a registered medical practitioner, hospital or ambulance service. I consent to my child/ren being transported by ambulance to hospital, if required. I agree to meet any medical and ambulance expenses incurred:

☐ Yes  ☐ No

I consent to my child/ren being collected from and brought to the school age care program by those listed as parent/guardians and authorised nominees, and can be contacted in the event my child/ren has an accident, injury, trauma or illness:

☐ Yes  ☐ No

I understand and accept that medication can only be administered to my child/ren when authorisation has been given by the parent/guardian or authorised nominees detailed on this enrolment form – authorisation will not be accepted from any person not listed on this form:

☐ Yes  ☐ No

I consent to the administration of a bronchodilator using an inhaled device if my child/ren should suddenly collapse and/or have difficulty in breathing:

☐ Yes  ☐ No

I consent to my child/ren being removed from the school age care program in the event of an emergency evacuation, and may be relocated to another venue as instructed by emergency services – families will be notified in this instance:

☐ Yes  ☐ No

I consent to my child/ren to have photographs taken for program displays, a means of recording observations and future planning:

☐ Yes  ☐ No

I consent to my child/ren to have photographs taken for Communities@Work promotional material:

☐ Yes  ☐ No

I consent to my child/ren to have photographs taken for Communities@Work's social media:

☐ Yes  ☐ No

In accordance with Cancer Council recommendations, I consent for SPF30+ sunscreen to be applied to all unprotected areas of skin on my child/ren for outside play:

☐ Yes  ☐ No

I consent for my child/ren to view G or PG rated programs (TV, DVD, videos or movies) and play G or PG rated computer games:

☐ Yes  ☐ No

I am aware the Communities@Work School Age Care Policy and Procedure Manual is available at the program and can be accessed at any time.

☐ Yes  ☐ No
Fadden
Out of School Hours Care
Enrolment Form

Parent/Guardian Terms and Conditions

I/we ____________________________ and ____________________________
(insert Parent/Guardian names) agree to the following terms and conditions:

1. Pay all fees and charges by the due date for any account rendered, and understand that the accepted method of payment is via direct debit arrangements with Ezidebit. I/we understand that in the event of financial hardship, special arrangements may be made on application to the manager, children's services enrolment team. I/we understand that Communities@Work is entitled to the recovery of outstanding fees plus additional costs incurred (inclusive of commission) to a collection agency for recovery action.

2. Understand that my booking/enrolment will be cancelled if the account remains outstanding and will be forwarded to a collection agency for recovery.

3. Indemnify Communities@Work and 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 Communities@Work or associated persons.

4. I/we understand that a minimum of fifteen (15) business days notice, in writing, is required to withdraw or change my child/ren's booking with the education and care service up to fifteen (15) business days worth of fees may be charged.

5. I/we 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.

6. I/we understand, that Child Care Benefit and Child Care Rebate can only be applied to my child/ren's first forty two (42) absence days, any additional absence days will be charged at full fees, unless 'additional absence' reasons apply and relevant supporting documentation is provided.

7. Where possible families will notify Communities@Work if their child(ren) will be absent from the service. This can be done via email at enrolments@commsatwork.org or over the phone on 1300 212 274.

8. I/we understand that a late fee of $20.00 per child for every fifteen (15) minutes or part thereof will be charged for children picked up after 6.00pm.

9. I/we agree a one (1) off enrolment/administration fee of $30.00 is payable per family and is non-refundable and will be charged to my account at the time of enrolment. This fee includes the costs associated with the children's services enrolment team processing my child/ren's enrolment. I/we understand we need to allow a minimum of one (1) week for our enrolment to be processed.

10. 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 etc) we are still required to pay for our booking.

11. In line with the Communities@Work Vision, Mission and Values (available at www.commsatwork.org) I/we agree to respect and show courtesy in all dealings with Communities@Work staff, and families and children within the school age care program. I/we acknowledge any forms of discriminatory or threatening behaviours are not acceptable.

12. I/we acknowledge my child/ren attending BSC must be signed in by a parent/guardian/authorised nominee 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 sign in by an educator on arrival to the program and signed out by a parent/guardian/authorised nominee.

13. The information I/we have provided on this form is correct, and understand it is our responsibility to update details should they change.

14. I understand that if my child has medication in their school bag(s), that we must notify the service via email so the bag or medication can be securely stored for the duration of the program.

Signature: ____________________________ Date: ____________________________
Notes:
DIRECT DEBIT REQUEST

YOUR DETAILS

Business: Communities@Work
ABN/ACN: 125 799 859

Centre Name:

*Contact Name: 

*Child/rens Name: 

*Mobile #: 

*Email: 

*Address: 

*Suburb: 

*State: 

*Postcode: 

DEBIT ARRANGEMENT

I/we authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969) (*Ezidebit*) to debit payments from my/our account, as specified below, at intervals and amounts as directed by Communities@Work (*The Business*) as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.2).

Start Date On or After:
Credit Card Payments Debit Friday Only
Bank Account Payments Debit Thursday Only

Debit Amount = Balance Due

Debits will be processed fortnightly on Public Service Pay week

Transaction Fee
VISA/MasterCard: 1.87% (min $0.55)
AMEX/Other: 4.49% (min $0.55)

CHOOSE YOUR PAYMENT METHOD

☑ Debit from Credit Card

☑ VISA ☐ MasterCard ☐ AMEX ☐ Diners

Card Number: 

Name of Cardholder:

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

☐ Debit from Bank, Building Society or Credit Union Account

Financial Institution: 
Branch: 

BSB Number: 
Account Number: 

Account Holder Name: 

I/we authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.2) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.2) and I/we have read and understand same.

Signature(s) of Nominated Account: 

PLEASE PRINT AND SIGN 
FORM NOT VALID UNLESS SIGNED 

Print Form

Date: D D M M Y Y

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 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 due 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/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-processed 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.

Po Box 1388
Milton, QLD 4064
Ph: (07) 3124 5500  Fax: (07) 3124 5555
It's about you. Always!
Communities@Work

Fadden Out of School Hours Care
Enrolment Form

Once this form is completed please email to enrolments@commsatwork.org

Phone: 1300 212 273
Postal Address:
Communities@Work
PO Box 1066, Tuggeranong, 2901

www.commsatwork.org
**Fadden Out of School Hours Fees**

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**Phone:** 1300 212 273  
**Email:** enrolments@commsatwork.org  
**Website:** www.commsatwork.org