



Safe Multicultural Out of School Hours Program SMOOSH Enrolment Form

1. GENERAL INFORMATION

Child's Family Name:	Child's First Name:
Address:	Gender: M / F
Suburb:	Date of Birth:
Postcode:	Place of Birth:
School Attending:	Class/Year:
Aboriginal or Torres Strait Islander: Yes / No	
CRN Number:	

SMOOSH Location: Please tick the SMOOSH location your child will attend:

Bankstown South Infants School

Eastlakes Public School

PERMANENT DAYS ATTENDING: Please tick the days

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

CASUAL DAYS ATTENDING: Please tick the days

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

FAMILY DETAILS

PARENT/CARER No.1

Family Name:	First Name:
Date of Birth:	Relationship to child:
Address:	Phone(Home):
Suburb:	Mobile:
Postcode:	Phone(Work):
Occupation or course of study:	
Employer or place of study:	
Business Address:	
CRN Number:	
Email:	

3. Authorisation for others to collect child and emergency contacts

Please Note: Please list at least two people authorised to collect your child and at least two people whom staff may call if you cannot be contacted in an emergency. You may list the same people for both purposes, if you wish. These two contacts must be in addition to Parent/Carer Information.

Full Name:	Full Name:
Relationship to child:	Relationship to child:
Address:	Address:
Suburb:	Suburb:
Phone(Home):	Phone(Home):
Mobile:	Mobile:
Phone(Work):	Phone(Work):
Emergency contact: Yes / No	Emergency contact: Yes / No
Authorised to collect child: Yes / No	Authorised to collect child: Yes / No
Medical consent: Yes / No	Medical consent: Yes / No
Excursion Permission: Yes / No	Excursion Permission: Yes / No

Full Name:	Full Name:
Relationship to child:	Relationship to child:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Phone(Home):	Phone(Home):
Mobile:	Mobile:
Phone(Work):	Phone(Work):
Emergency contact: Yes / No	Emergency contact: Yes / No
Authorised to collect child: Yes / No	Authorised to collect child: Yes / No
Medical consent: Yes / No	Medical consent: Yes / No
Excursion Permission: Yes / No	Excursion Permission: Yes / No

Full Name:	Full Name:
Relationship to child:	Relationship to child:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Phone(Home):	Phone(Home):
Mobile:	Mobile:
Phone(Work):	Phone(Work):
Emergency contact: Yes / No	Emergency contact: Yes / No
Authorised to collect child: Yes / No	Authorised to collect child: Yes / No
Medical consent: Yes / No	Medical consent: Yes / No
Excursion Permission: Yes / No	Excursion Permission: Yes / No

4. HEALTH

Health	Please provide Details	
Has your child had any serious illness in the past?	Yes / No	
Has your child ever been hospitalised?	Yes / No	
Does your child currently have a serious illness?	Yes / No	
Does your child have any additional needs?	Yes / No	
Does your child require any medical procedures/intervention to be performed on a regular basis?	Yes / No	
Is your child receiving regular medication?	Yes / No	
Does the medication have any side effects of which the staff needs to be aware?	Yes / No	
Does your child have Asthma? If Yes, please attach a copy of your child's Asthma Management Plan.	Yes / No	
Does your child have any allergies (including: allergies to sunscreens, antiseptics, etc.)?	Yes / No	
If yes to the above, is your child's allergic reaction likely to result in anaphylaxis? If Yes, please attach a copy of your child's Anaphylaxis Action Plan.	Yes / No	
Does your child have epilepsy? If Yes, please attach a copy of your child's Epilepsy Management Plan.	Yes / No	

5. MEDICAL INFORMATION

Child's Medicare No:	Name of health fund:
Child's doctor's name:	Address:
Suburb:	Phone:
Religious/ Cultural requirement in case of accident / illness:	

IMMUNISATION RECORD – Please attach a copy of your child's immunisation record.

If no record is provided, we need a letter from a GP or child will be excluded from SMOOSH if any infectious disease outbreaks occur.

6. FEES/CHILD CARE SUBSIDY

Who is responsible for the child care fees? (Full Name): _____

Do you wish to receive your account statements via email? Yes / No

Have you or will you apply for Child Care Subsidy (Please tick applicable)

Yes I am already registered or **I will apply**

No not registered and I will be paying full fee

Do you have other NON school age children in approved child care services? (Under 5 years, in long day care, family day care etc) Yes / No

7. CHILD INFORMATION

(The information provided will aid in the preparation of an inclusive program to meet the individual needs of your child/ren. If you require more space, please attach additional information on a separate piece of paper.)

Child Full Name: _____ Date: _____

Need	Please provide Details	
Has your child previously attended a before/after school or vacation care program?	Yes / No	
Does your child require support to form friendships?	Yes / No	
Behavioural concerns Such as shyness, aggressiveness or other issues.	Yes / No	
How does your child show frustration or distress and what methods would you use to calm them?		
Interests Please include activities that your child enjoys eg: music, art and craft, sports.		
Dislikes, Fears and Concerns Such as crowded situations, loud noises and the like.	Yes / No	
Dietary Needs/Requirements Such as allergic to peanuts, no meat products, halal or kosher etc.		
Method of communication Such as languages spoken at home, Auslan or others.		
Toilet Ability and requirements	Yes / No	
Personal Care Assistance Required	Yes / No	
Level of physical Independence Such as limitations to physical activities		
Is there any other information about your child that would be helpful for staff to know? Such as any religious or cultural beliefs that need to be considered, use of medical aid or equipment.	Yes / No	

8. PERMISSION FOR:

A. Administration of Asthma First aid kit

If my child has difficulty in breathing whilst at the service, a staff member with a current First Aid Certificate, may administer medication from the service's Asthma First Aid Kit.

Parent Signature: _____

B. Administration of Allergies and Anaphylaxis Emergency Kit

If my child has no known allergy but appears to be having an anaphylactic reaction whilst at the service, the Director/Coordinator will call an ambulance and a staff member with a current First Aid Certificate will follow the recommended treatment from the ambulance staff. This may involve the administration of an epipen from the service's Anaphylaxis Emergency Kit.

Parent Signature: _____

C. Emergency Medical Assistance- Your child's enrolment at the service will not be accepted unless you agree to the following:

I agree that if my child has been injured, or becomes ill whilst at the service, and if the approved provider Director/Coordinator/responsible person of the service thinks it is necessary, he/she will seek:

- medical treatment for the child from a registered medical practitioner, dental, hospital or ambulance service;
- transportation of the child by an ambulance service

Parent Signature: _____

D. Excursions

I agree that my child to participate in local excursions, short bus trips and outings with SMOOSH staff, either during school term or in vacation care programs.

Parent Signature: _____

E. Use of child's photographs and videos –

I agree that photographs and videos of my child taken at the service may be used by SENC/SMOOSH in its publications; on its website and internet; for educational displays and in presentations at professional development courses and conferences.

Parent Signature: _____

F. Use of child's drawings, paintings and other art work –

I agree that my child's drawings, paintings and other artwork may be used by SENC/SMOOSH in its publications, on its internet for educational displays and in presentations at professional development courses and conferences.

Parent Signature: _____

G. Payment of Fees

I understand and accept that I am responsible for paying all fees due SMOOSH for my child's attendance as outlined in the SMOOSH Parent/Carer Handbook.

I understand that a dishonour fee will be charged if the nominated bank account payment is declined. I authorise for my payments to be deducted by South Eastern Community Connect (SECC).

Parent Signature: _____

Date: _____

Please complete all of the information above and return the form along with any new information such as Direct debit details to smoosh@secc.sydney or in person to the SMOOSH office at Eastlakes Public school and Bankstown South Infants School during before and after school care hours.

For further information please feel free to contact:

South Eastern Community Connect

(02) 8338 8506

Email address : smoosh@secc.sydney

Web address: www.secc.sydney

Office Use Only			Staff Signature	
Date Received:				
Date Copied:				
Registration Fee Paid:	Yes / No			
	Copies Attached	Not Applicable	Comments	Staff initial
Court Order:				
Immunisation Record:				
Asthma Action Plan:				
Epilepsy Action Plan:				
Anaphylaxis Action Plan:				
Allergy Plan:				



South Eastern Community Connect
 A: Eastlakes Shopping Centre, Eastlakes NSW 2018
 P: 02 8338 8506
 ABN: 15 350 811 422



ABN 32 095 551 581
 APCA ID 184534 | AFSL 338256

Direct Debit Request - Authorisation Form

Customer Details

First Name: Surname:

Phone: Mobile:

Date of Birth: / /

Address:

Suburb: State: Postcode:

Phone Number: Email Address:

Select from the Following

New Account Change Debit Limit Change Account Details

Payment Details

Payment Limit Amount: *This is the maximum amount to deduct at each centre where a balance occurs*
so.00 or Blank = No Limit

Surcharge: Visa/MasterCard: 1.87% AMEX: 4.40% Bank Account: \$0.88 Admin Fee: \$2.20

Payment frequency: Weekly (default) Fortnightly 4-Weekly Monthly

Day of the week:

Day of the month:

First Payment Date: / /

Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):

Account Name:

BSB Number:

Account Number:



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

Credit Card

Please charge my payments to my: Visa MasterCard AMEX

Card number:

Expiry Date: /

Name on Card:

Signature

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.

Authorising Signature (s)

Date / /



ABN 32 095 551 581
APCA ID 184534 | AFSL 338256

Terms and Conditions

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 184532 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

RELATIONSHIP

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

NON WORKING DAY

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

DISHONoured PAYMENTS

I/We acknowledge that:

- if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and
- Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:

- The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

- to the extent specifically required by law; or
- for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact
Debitsuccess Pty Ltd.
PO BOX 5567, Stafford Heights QLD 4053
Phone: 1800 956 959
E-mail: qkclients@debitsuccess.com