YMCA

We build strong **PEOPLE**
strong **FAMILIES**
strong **COMMUNITIES**

YMCA Outside School Hours Care

ENROLMENT FORM

YMCA Centre: _____

Your Child's Details

Child's Name		Date of Birth	
Gender		Centrelink CRN	
Address		Postcode	
School			

Is your child of Aboriginal or Torres Strait Islander descent?	No	Yes: Aboriginal	Yes: TSI	

Have any court orders been made by a Court regarding your child?	Yes	No	If yes please provide copies of these orders to the Supervisor
Does your child require regular medication?	Yes	No	
Does your child have known allergies?	Yes	No	
Does your child suffer from asthma?	Yes	No	
Has your child received all the recommended immunisations according to the NHMR?	Yes	No	If yes, a current Immunisation Record must be sighted by the Supervisor. If no, please explain below.
Does your child have any additional needs?	Yes	No	These can include learning and applying knowledge, communication, mobility, self care, interpersonal interactions. If yes please provide details below.
Are there any dietary requirements for your child for medical, cultural or religious reasons?			
Child's home language and cultural background?			
Is there any other relevant information staff should know about your child?			

I give permission for photos of my child to be taken by YMCA staff for centre displays, print and web marketing?	Yes	No
I give permission for my child to be transported to/from school/excursions if applicable. If no bus/van is available, I give permission for my child to be transported by staff members in private vehicles.	Yes	No

The information provided above is correct to the best of my knowledge.	Parent Signature		Date

Requested Bookings

Which enrolment type do you require? (Please circle)	Permanent Recurring Booking	Casual Booking

For a permanent recurring booking pattern, please circle required days below. Clients who only require care on a casual basis are advised that casual bookings are charged at a higher rate and last minute placement cannot be guaranteed. Once a casual booking is requested, 2 weeks written notice is required to cancel the booking without charge.

Before School Care

Start Date					
Week 1 (Weekly Bookings)	Monday	Tuesday	Wednesday	Thursday	Friday
Week 2 (Fortnightly Bookings)	Monday	Tuesday	Wednesday	Thursday	Friday

After School Care

Start Date					
Week 1 (Weekly Bookings)	Monday	Tuesday	Wednesday	Thursday	Friday
Week 2 (Fortnightly Bookings)	Monday	Tuesday	Wednesday	Thursday	Friday

Please note YMCA reserves the right to revoke any booking for clients allocated 24 hours Childcare Benefit to provide childcare for a client allocated 50 hours as per the Australian Government Priority of Access guidelines.

Conditions of Enrolment

Please read and sign overleaf

1. A staff member must be notified of the arrival and departure of a child at the centre. All children are to be signed in and out by an authorised person. I understand that my child will only be allowed to leave the centre with an authorised person over the age of 16.
2. All children must be collected from the centre by the centre's closing time at 6pm. Due to staffing requirements; late fees apply to the collection of children after this time. A late fee of $1.00 per minute will be charged every minute after closing time. Lack of notification of a child NOT attending will incur a $5 administration fee. I understand the necessity to notify the centre if I am going to be late and if my child is unable to attend on that day.
3. Before and After School Care fees, permanent and casual, are due 1 week in advance upon enrolment. Two weeks written notice is required to cancel any BSC or ASC booking. All Vacation Care fees are to be paid two weeks in advance and two weeks written notice is required to cancel any VAC booking. Note, all attendances/ absences not initialled by Parent/Guardian will be charged the full fee.
4. Child Care Benefit is available but until YMCA receives notification from the Family Assistance Office (FAO), the Parent/Guardian will be responsible for entire fee. Child Care Benefit is the Parent/Guardian's responsibility to maintain and the centre will only apply the assistance from the notified date from FAO. CCB and CCR is not payable for any absences occurring at the start or end of care.
5. Payment in advance secures your childcare placement therefore payment is required whether your child attends or not. This includes payment for sick days, public holidays and holidays. Fees are not payable when the Centre is closed over the Christmas/New Year period.

6. I give permission for my child to be transported to and/or from school/excursions if applicable. When no bus/van is available, I give permission for my child to be transported by staff members in private vehicles.
7. Any child suffering from an illness, which may, in any way be transferred to other children or staff, shall not be accepted into our care. Once such illness is diagnosed the parent/guardian shall be contacted and requested to resume responsibility for that child. Such illnesses may be (but not limited to) head lice, measles, chicken pox, mumps, cold sores, impetigo and conjunctivitis. The child/ren will be accepted back into the centre upon provision of a clearance certificate from a medical practitioner. Fees are still payable for this period. A Doctor's Certificate however may be submitted for a child experiencing an extended illness.
8. Authorisation is given for medical attention to be sought for the child if required in an emergency. All medical and emergency transport expenses will be the responsibility of the parent/guardian should this be necessary.
9. No prescribed medication will be given to children unless it is in the original packaging and with the written authority of the parent. No medication is to be left in child's bag or to be self-administered. NON-PRESCRIPTION MEDICATION WILL NOT BE ADMINISTERED.
10. I understand that NO TOYS OR IMPORTANT ITEMS SUCH AS MOBILE PHONES, MP3 PLAYERS, GAME BOYS ETC are to be brought to the centre. YMCA does not accept responsibility for lost or damaged items.
11. Any changes of my child's details, i.e. address, telephone number or any details that appear on the enrolment form must be made known and recorded with the SUPERVISOR IMMEDIATELY on a change of address form or the Vacation Care booking sheet if relevant.
12. YMCA reserves the right to implement the OSHC Behaviour Management policy as necessary including the right to suspend or expel a child from any YMCA Program that is deemed inappropriate. A copy of this policy is available upon request.
13. YMCA commits to the following in regards to your privacy. We commit to: retaining your information in a secure environment and will only provide essential information to our agents or service providers for the purpose of conducting our business or services with you; binding all staff, agents and service providers to our confidentiality agreements and our Privacy Policies; not sharing or selling your information to any third party for marketing purposes and not releasing information unless required by law to do so; providing you with a copy of our Policy Document if you require it; explaining the reasons for collecting information, how we use it, and the consequences of not having the information required
14. If payment of your account has not been made for 2 weeks a $10 late payment fee is payable and your childcare will be suspended until payment has been received. The YMCA cannot guarantee that a placement will be available after the suspension period.
15. Please bear in mind the YMCA policy of payment in advance to avoid any overdue or debt collection fees. Copies of these Enrolment Conditions are available for your records upon request.
16. Please note that an Ezidebit agreement is the only form of payment accepted at YMCA Services. Your billing schedule can be arranged with the centre supervisor. Dishonoured payments may attract additional bank fees and care may be cancelled if payment is not received.

I have read, understand and agree with the Conditions of Enrolment outlined above.	Date	
Parent Name		Signature	

DIRECT DEBIT

DIRECT DEBIT REQUEST

YMCA

Butler OSHC
Ph: 08 9473 8400
Fax: 08 9472 7522

ezidebit

ACN 096 902 813 | AFSL 315388

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN, * indicates a MANDATORY FIELD

Business: **YMCA Perth Inc** ABN: 37 276 356 812 **YMC BUT 24827**

Centrelink Reference No:

*Surname: *Given Name:

*Mobile #:

* Email:

*Address:

*Suburb: *State: *Postcode:

DEBIT ARRANGEMENT | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

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 **YMCA Perth Inc** ("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: D D / M M / Y Y ☐ Fortnightly ☐ Monthly Debit Amount : Balance Due

Administration Fee (once only): Paid by Business | **Bank Account Transaction Fee:** Paid by Business | **Credit Card Transaction Fee:** VISA/MasterCard: Paid by Business

CHOOSE YOUR PAYMENT METHOD

☐ Debit from Credit Card

☐ VISA ☐ MasterCard

Card Number: Expiry Date: M M / Y Y

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: Date: D D / M M / Y Y

ezidebit

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 is 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

Po Box 1388
Milton, QLD 4064
Ph: (07) 3124 5500 Fax: (07) 3124 5555