



OFFSPRING

EARLY LEARNING CENTRE

ENROLMENT FORM

This enrolment form is for:

.....
Child's name

Family Support Structure

Centre Director

Julie Baillie

P. 02 6674 5561

E. admin@offspringelc.com.au

**Early Childhood
Education and Care
Directorate**

P. 1800 619 113

E. ececd@det.nsw.edu.au

Dear family,

Welcome to OFFSPRING EARLY LEARNING.



This form is about your child and your family. Each child is unique and has different needs and routines, so it's essential we have this important information to assist us to get to know your child. This will enable us to individualise their early learning and care, whilst supporting your family's routines and culture.

Whilst the information requested in this form may seem repetitive, it's essential that you complete each section. This is because the information in this form is split up and kept in different areas within the Centre; certain sections are kept in the Centre's office to comply with regulatory requirements, whilst others are kept in your child's room for easy reference daily.

In order to complete this enrolment form, you will need the below items:

- Birth certificate
- Australian Child Immunisation Register (ACIR) statement
- Customer Reference Number (CRN) for the Department of Human Services (Centrelink) if you are already registered
- Child's Medicare number
- Contact information for three (3) emergency contacts
- Child's doctor's details
- Custody or parenting orders (if applicable)
- Additional needs information (if applicable)

Please write clearly in pen and return the completed form to the Centre Director. A separate form is required for each child in your family who you are enrolling.

We look forward to welcoming your family to OFFSPRING EARLY LEARNING.

Offspring Early Learning acknowledges Bundjalung Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the Land, and pays respect to Elders past and present.

CARE REQUIREMENTS

What type of care do you require?

Long day care Before school care After school care Vacation care

Have you been enrolled with us previously? No Yes

If yes please provide:

Account number (if known): _____ Account name: _____

[CENTRE DIRECTOR USE ONLY]

Room/age group: _____ Proposed start date: _____ / _____ / _____

Days and times booked, including likely drop off and pick up times.

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time					
Departure time					

CHILD'S PRIMARY SCHOOL DETAILS (if you're enrolling in before or after school, or vacation care)

Name of school: _____ Phone: _____

Address: _____

ORIENTATION INFORMATION

We recommend that every child attend a minimum of one orientation visit prior to starting at the Centre. This allows them to get to know the educators and the environment. You will be introduced to the daily operations of the Centre including things such as staff rosters, family events etc. You will be invited to discuss your expectations of the Centre with the Centre Director, and talk with your child's educators.

The early learning programs, practices and routines within each room will all be explained to you.

Please discuss your preferred orientation dates with the Centre Director.

[CENTRE DIRECTOR USE ONLY]

Orientation dates: _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

MY CHILD'S DETAILS This information is required for regulatory compliance.

First Name: _____ Middle name: _____ Surname: _____

Other name/s: _____ Former name/s: _____

Child's CRN: ____/____/____/____/____/____/____/____/____/____

Gender: Male Female Date of birth: ____/____/____ Place of birth: _____

Child's home address (if different to parent): _____ Street address: _____

Suburb: _____ State: _____ Post code: _____

The estimated date your child will start Primary School: ____/____/____

Is your child of Aboriginal and/or Torres Strait Islander origin? Aboriginal Torres Strait Islander Both Neither

Cultural background: _____ Religion: _____

Language/s spoken at home: _____

Does your child speak English? No Yes Does your child understand English? No Yes

If a language other than English is spoken at home:

Would an interpreter or cultural support worker be of benefit to you during the settling-in period? No Yes

Are there any court orders, parenting orders or parenting plans in relation to your child or access to your child?

No Yes

If yes, please attached a copy of the current order or plan. Please ask the Centre Director for a Parental Responsibility Action Plan.

BIRTH CERTIFICATE

Please provide your child's original Birth Certificate to the Centre Director to sight. A certified copy of your child's Birth Certificate, Australian Citizenship Certificate or Passport is also sufficient.

DIETARY REQUIREMENTS

Does your child have any known dietary requirements? No Yes

If yes, please ask the Centre Director for a Dietary Requirement Management Plan.

ADDITIONAL NEEDS

An additional need may be associated with any of the following areas: communication; mobility; self-care; interpersonal interactions and relationships; learning and applying knowledge; education or other general tasks; domestic life, or community and social life.

Additional needs may also result from other circumstances such as: culturally and linguistically diverse *background*; a *refugee background where the child has been subjected to trauma*; the *childcare place has been sourced by a Child Protection worker and/or the child is in the care of the state*; or *other forms of out of home care*.

Does your child have an additional need? No Yes

If yes, please provide a summary of your child's additional needs and attach any relevant reports or assessments. The Centre Director will discuss your child's needs and work with you to ensure your child gets the most from their early learning experiences.

MY CHILD'S MEDICAL AND IMMUNISATION DETAILS

Medicare Number: ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

Health Care Card: No Yes If yes, please complete details below.

Health Care Card Number: _____ Expiry date: ____ / ____ / ____

MEDICAL CONDITIONS

Does your child have any specific healthcare needs, including any medical conditions, communicable diseases, or allergies (including anaphylaxis)? No Yes

If yes, please ask the Centre Director for a Medical Health Care Plan. You may also be asked to complete a Risk Management Plan, depending on the medical condition.

IMMUNISATION HISTORY

We encourage all children to be fully immunised in accordance with the Department of Health and Ageing National Immunisation Program Schedule.

Where there is a reason why children are not, cannot or will not be immunised, please provide a written statement confirming your child's non-immunised status. In the event there is a suspected or identified case of a vaccine-preventable disease, unimmunised children will be excluded from the Centre for the recommended minimum exclusion period. Children without complete and/or current immunisation records will be considered unimmunised.

Please note there are additional requirements for residents of New South Wales. Parents/guardians must provide Childcare Centre's with documents that show your child:

- Is fully vaccinated for their age; or
- Is not vaccinated as you have a conscientious objection, including religious beliefs, to vaccination; or
- Has a medical reason not to be vaccinated; or
- Is on a recognised catch-up schedule if you have fallen behind with your child's vaccinations.

Parents/guardians who fail to provide the documents below will not be permitted to enroll your child. These documents include:

- An ACIR Immunisation History Statement, which shows that your child is up to date with their scheduled immunisations; or
- An ACIR Immunisation Exemption Conscientious Objection Form (IMMU12), which has been certified by an immunisation provider and a parent/guardian; or
- An ACIR Immunisation Exemption-Medical Contraindication Form (IMMU11), which has been certified by an immunisation provider; or
- An ACIR Immunisation History form on which the immunisation provider has certified that your child is on a recognised catch-up schedule.

MY FAMILY'S DETAILS

Please notify us of any changes to these details. It is important to maintain up to date contact details at all times so we can provide the best care for your child.

PRIMARY ACCOUNT HOLDER

Details of parent/guardian with parental responsibility.

Title: Dr Mr Mrs Miss Ms Other First name: _____

Surname: _____ Former name/s: _____

Relationship to child (e.g. mother, father, guardian): _____ Gender: Male Female

Date of birth[^]: ___ / ___ / ___ CRN*: _____

Cultural background: _____ Languages spoken: _____

Mobile: _____ Home: _____ Email: _____

Home address

Street address: _____ Suburb: _____ State: _____ Postcode: _____

Mailing address (If different from above)

Street address: _____ Suburb: _____ State: _____ Postcode: _____

Work details

Occupation: _____ Organisation: _____ Phone: _____

Street address: _____ Suburb: _____ State: _____ Postcode: _____

Preferred Communication method (mobile – SMS & voicemail, home phone, work phone, email, in person)

During work hours: _____ Outside work hours: _____ In an emergency: _____ For service updates: _____

Defence Force Families only PM Keys Number: _____ Unit Number: _____ Rank: _____

A copy of this page is kept in your child's room

[^]DOB - The provision of date of birth information is a mandatory requirement to meet eligibility requirements to receive CCB and CCR.

*CRN - Customer Reference Number issued to you by Centtrelink if you have already registered for CCB. If you have not yet registered, please contact the Department of Human Service to register on 13 61 50.

MY FAMILY'S DETAILS

Please notify us of any changes to these details. It is important to maintain up to date contact details at all times so we can provide the best care for your child.

SECONDARY ACCOUNT HOLDER

Details of parent/guardian with parental responsibility. This person is registered for Child Care Benefit (CCB) and Child Care Rebate (CCR).

Title: Dr Mr Mrs Miss Ms Other First name: _____

Surname: _____ Former name/s: _____

Relationship to child (e.g. mother, father, guardian): _____ Gender: Male Female

Date of birth[^]: ___ / ___ / ___ CRN*: _____

Cultural background: _____ Languages spoken: _____

Mobile: _____ Home: _____ Email: _____

Home address

Street address: _____ Suburb: _____ State: _____ Postcode: _____

Mailing address (If different from above)

Street address: _____ Suburb: _____ State: _____ Postcode: _____

Work details

Occupation: _____ Organisation: _____ Phone: _____

Street address: _____ Suburb: _____ State: _____ Postcode: _____

Preferred Communication method (mobile – SMS & voicemail, home phone, work phone, email, in person)

During work hours: _____ Outside work hours: _____ In an emergency: _____ For service updates: _____

Defence Force Families only PM Keys Number: _____ Unit Number: _____ Rank: _____

A copy of this page is kept in your child's room

[^]DOB - The provision of date of birth information is a mandatory requirement to meet eligibility requirements to receive CCB and CCR.

*CRN - Customer Reference Number issued to you by Centtrelink if you have already registered for CCB. If you have not yet registered, please contact the Department of Human Service to register on 13 61 50.

EMERGENCY CONTACT DETAILS

Please notify us of any changes to these details. It is important to maintain up to date contact details at all times so we can provide the best care for your child.

In the unlikely event of an emergency, please nominate the people you would like us to contact (including yourselves if appropriate). A copy of this form will be kept securely in your child's room.

EMERGENCY CONTACT 1 *(Parent/guardian with parental responsibility)*

Name: _____ Mobile: _____ Home: _____

Street address: _____ Suburb: _____ State: _____ Postcode: _____

EMERGENCY CONTACT 2 *(Parent/guardian with parental responsibility)*

Name: _____ Mobile: _____ Home: _____

Street address: _____ Suburb: _____ State: _____ Postcode: _____

EMERGENCY CONTACT 3 *(other than parent/guardian)*

Title: Dr Mr Mrs Miss Ms Other First name: _____

Surname: _____ Former name/s: _____

Relationship to child: _____ Mobile: _____

Home: _____ Work: _____ Street address: _____

Suburb: _____ State: _____ Postcode: _____

Please tick all statements that apply to this contact:

- This person is an authorised nominee to collect my child from the Centre, and to give permission for another person to collect my child from the Centre
- This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child
- This person is authorised to give permission to an educator to remove my child from the Centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

A copy of this page is kept in your child's room

EMERGENCY CONTACT DETAILS

EMERGENCY CONTACT 4 (other than parent/guardian)

Title: Dr Mr Mrs Miss Ms Other First name: _____

Surname: _____ Former name/s: _____

Relationship to child: _____ Mobile: _____

Home: _____ Work: _____ Street address: _____

Suburb: _____ State: _____ Postcode: _____

Please tick all statements that apply to this contact:

- This person is an authorised nominee to collect my child from the Centre, and to give permission for another person to collect my child from the Centre
- This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child
- This person is authorised to give permission to an educator to remove my child from the Centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

EMERGENCY CONTACT 5 (other than parent/guardian)

Title: Dr Mr Mrs Miss Ms Other First name: _____

Surname: _____ Former name/s: _____

Relationship to child: _____ Mobile: _____

Home: _____ Work: _____ Street address: _____

Suburb: _____ State: _____ Postcode: _____

Please tick all statements that apply to this contact:

- This person is an authorised nominee to collect my child from the Centre, and to give permission for another person to collect my child from the Centre
- This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child
- This person is authorised to give permission to an educator to remove my child from the Centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

MEDICAL INFORMATION

In the unlikely event of a medical emergency your child's medical practitioner's contact details may be required.

Medical Practitioner's name: _____

Mobile: _____ Work: _____ Street address: _____

Suburb: _____ State: _____ Postcode: _____

A copy of this page is kept in your child's room

MY CHILD'S ROUTINE

To enable our educators to support your child's routine, it is important you provide as much information about your child as possible. This information is kept in your child's room so your child's educators can refer back to it easily.

GENERAL INFORMATION

Child's name: _____ Date of birth: ___ / ___ / ___

Your child especially likes to (e.g. paint, play outside): _____

What are your child's favourite songs to sing? _____

Does your child have any known fears? No Yes If yes, please provide details: _____

Does your child have a comforter? (e.g. blanket, teddy) No Yes If yes, please provide details: _____

MEAL TIMES

Is your child currently on formula, breast milk and/or solids? Breast milk Formula Milk Solids

What are your child's feeding times: 1. _____ 2. _____ 3. _____ 4. _____

Does your child like to be nursed whilst bottle feeding? No Yes Does your child have their milk warm? No Yes

Does your child have reflux or any other feeding concerns? No Yes If yes, please provide details: _____

Does your child have any dietary requirements, e.g. vegetarian or halal? No Yes If yes, please specify, and ask the Centre Director for a Dietary Management Plan: _____

Does your child have any allergies or dietary restrictions? No Yes If yes, please specify and ask the Centre Director for a Medical Health Care Plan: _____

Does your child like to feed themselves? No Yes

How would you describe your child's appetite?: _____

TOILETING

Is your child: Using nappies? Using a potty? Learning to use the toilet? Using the toilet?

If your child is toilet training, please provide details to assist us supporting toilet training at the Centre: _____

SLEEPING AND RESTING

Please indicate the usual times your child sleeps or rests throughout the day, and circle whether your child sleeps OR rests.

1. **Sleep** or **rest** from: _____ to: _____ 2. **Sleep** or **rest** from: _____ to: _____

3. **Sleep** or **rest** from: _____ to: _____ How can we support your child's comfort during sleep or rest? _____

A copy of this page is kept in your child's room

ABOUT YOUR FAMILY

It's important that we get to know your family so we can develop a learning program that supports your child's individual interests and learning experiences. This information is kept in your child's room so the educators can refer back easily at any time.

Child's name: _____ Date of birth: ___ / ___ / ___

Parent's name/s: _____

Cultural background: _____ Religion: _____

Language/s spoken at home: _____ If a language other than English is spoken at home:

Does your child speak English? No Yes Does your child understand English? No Yes

Please identify the family members who live with your child:

Mother Father Guardian Older sibling/s Younger sibling/s Cousin/s Aunt Uncle

Grandparent/s Other: Please specify: _____

Please name the other children in your family (if applicable): _____

Are there any special names of people or things that we should know about? (E.g. Your child has a special name for their comforter) No Yes If yes, please specify: _____

Are there any specific expectations unique to your family that you would like us to know? No Yes

If yes, please specify: _____

What can we do to support your family's beliefs, values, cultural practices or customs at the Centre? Please provide details:

Would you like to share your family culture with other children and families at the Centre? No Yes

If yes, please provide suggestions and we will happily discuss how we can work to share your culture with the Centre more broadly:

Please provide any other relevant information to your child about your family: _____

This information will contribute to your child's early learning program and experiences at the Centre.

A copy of this page is kept in your child's room

YOUR CONSENT

Child's name: _____

I give the early learning professionals and the approved service provider the authority to:

Initial to indicate you have read and understand this information.

- No Yes (Initial: __) Apply sunscreen to my child for outside play every day during the period recommended for our State by the Cancer Council and on those days with Ultra Violet Radiation level of three and above.
- No Yes (Initial: __) Apply insect repellent provided by me to my child for outside play.
- No Yes (Initial: __) Apply nappy cream provided by me to my child when required.
- No Yes (Initial: __) Observe my child to assist in developing an appropriate developmental educational program.
- No Yes (Initial: __) Allow the people ticked as authorised nominee/s on pages 8 and 9 to collect my child from the Centre.
- No Yes (Initial: __) Allow the people ticked at authorised nominee/s on pages 8 and 9 to:
- o Give permission for medical treatment, administration of medication, and sign incident reports for my child
 - o Give permission to the educators to remove my child from the Centre for excursions or to seek medical treatment from a registered medical practitioner, hospital or ambulance service.
- No Yes (Initial: __) Seek medical treatment from a registered medical practitioner, hospital or ambulance service, and/or authorise medical transport by an ambulance service in the event my child required medical treatment. I agree to pay any medical/transport costs incurred.

I understand that:

- No Yes (Initial: __) I must inform the Centre if my child has been unwell or has taken any medication before coming to care.
- No Yes (Initial: __) Offspring ELC will seek my written consent for my child to participate in outings or excursions where required.
- No Yes (Initial: __) Offspring ELC will only use or disclose my personal information for the purpose it was collected or a reasonably expected or related secondary purpose. Personal information of parents, guardian and children is ordinarily used or disclosed for the primary purposes of: providing early childhood education and care services; advocating for the well-being, protection and development of children; documenting children's learning; managing children's current or prospective Enrolment; providing me with information about the organisation, services and activities via letter, email, SMS and other Centre or organisation communication channels; and requesting information from me about our organisation and services via surveys.
- No Yes (Initial: __) Offspring ELC may use the name, photo and video of my child for: my child's individual development profiles and educational resources; my child's individual early learning journals and portfolios; the early learning portfolios of my child's peers; staff professional development and communication; newsletters and communications to my Centre's families, in both hardcopy and online formats.
- No Yes (Initial: __) I understand that I will be asked to complete an image release form if photos/videos of my child are requested to be used for any other purpose.
- No Yes (Initial: __) I consent to the above medical emergency and permission clauses and I have received a copy of the Offspring ELC Handbook.

Parent/guardian/person with parental responsibility

Signature: _____

Name: _____

Date: ___ / ___ / ___

Parent/guardian/person with parental responsibility

Signature: _____

Name: _____

Date: ___ / ___ / ___

FAMILY RIGHTS AND RESPONSIBILITIES

Offspring ELC is committed to respectful and collaborative relationships with families and communities as we all work together to create a positive living and learning environment for children that promotes their learning, development and wellbeing.

Family Rights

Offspring ELC educators are required to ensure practices in the Centre respect families' rights. At Offspring ELC families have a right to:

1. Receive a quality early learning and care service that actively promotes their children's learning, development and wellbeing.
2. Have their privacy and confidentiality respected.
3. Know what personal information is being collected and why, and have access to their records.
4. A safe and supportive environment at the Centre
5. Visit the Centre at any time during operating hours (subject to the requirements of Regulation 157 of the Education and Care Services National Regulations).
6. Participate in decision-making and planning regarding their child's learning and care, including any behaviour guidance, inclusion supports, and medical management plans.
7. Participate in the development, delivery and evaluation of the learning experience and programs at the Centre.
8. Request their child is moved to a different room within the Centre in consultation with the Centre Director, or refuse to participate in student training programs.
9. Provide their consent to participate in research.
10. Provide feedback, have any concerns addressed promptly and have issues resolved in a way that respects their privacy and complies with regulatory requirements and the Offspring ELC Complaint Procedure.
11. Receive regular communications about the Centre's operations and their child's learning, development and wellbeing.
12. Be kept informed about:
 - o Offspring ELC policies and procedures in accordance with section 168 of the Education and Care Services National Regulations (the Regulations).
 - o Offspring ELC employee's obligation to act to protect any child who is at risk of harm through reporting to regulatory authorities.
 - o Their child's educational program in accordance with regulation 73-76 of the Regulations.
 - o The Centre's rating under the National Quality Standard Assessment and Rating.
 - o The Centre's Quality Improvement Plan in accordance with regulation 31 of the Regulations.
13. Be supported to understand documents, processes, policies and procedures at the Centre, including accessing interpreting services.

Family Responsibilities

Offspring ELC educators are required to ensure practices at the Centre support families' responsibilities. At Offspring ELC our families have a responsibility to:

1. Ensure a safe and positive environment in the Centre by being in control of their behaviour at all times and conducting themselves in a lawful, safe and responsible manner that respects the rights of others. Families must use appropriate language and volume of speech. The following behaviour towards any person is unacceptable: all forms of bullying, harassment, abuse,

discrimination, actions that put another person at risk of harm, or threats of any kind. All unlawful actions will be reported to the appropriate authorities.

2. Respect and confidentiality of personal information and photographs relating to the Centre, other families, children, and staff, at all times including on social media.
3. Sign the attendance record each day your child is enrolled including days your child is absent.
4. Ensure a suitable fit, authorised nominee collects your child from the Centre within operating hours and inform the Centre if an alternative arrangement is made prior to collection.
5. Participate in emergency procedures as directed by Offspring ELC employees.
6. Immediately notify the Centre Director of any changes to your child's:
 - o Personal details
 - o Emergency contact information or authorised nominees (see Emergency Contacts)
 - o Enrolment (see Enrolment Form)
 - o Health, medication or dietary requirements (see Medical Health Care Plan)
7. Raise any concerns about the Centre, learning and care services, staff or other families directly with the Centre Director (in accordance with Family Complaint Procedure).
8. Share relevant information with educators to support the learning, development and wellbeing of your children.
9. Not smoke and consume or bring alcohol, illegal drugs or other dangerous goods to the Centre at any time.
10. Respect the property of the Centre and of children, families and staff.
11. Pay fees on time in accordance with the payment terms and conditions outlined in the Enrolment Form.
12. Understand the Offspring Family Handbook and Enrolment Form, and comply with Offspring ELC policies, procedures and requirements.

Should family members fail to comply with these responsibilities Offspring ELC may exclude individual adults from the Centre. In this instance the child's enrolment will not be affected and families will be required to make arrangements for the safe delivery and collection of the child to the Centre by another person.

I agree to act in accordance with the Offspring ELC family rights and responsibilities listed above

Parent/guardian/person with parental responsibility

Signature: _____

Name: _____

Date: ___ / ___ / ___

Parent/guardian/person with parental responsibility

Signature: _____

Name: _____

Date: ___ / ___ / ___

FEES AND PAYMENT

- Fees will apply in accordance with our fee structure*
- A \$100 initial booking fee is charged when your position is confirmed. This payment is only charged once.
- Fees will apply for booked days that your child does not attend due to illness, holidays or public holidays. Offspring ELC does not operate on NSW public holidays. Please refer to your Family Handbook for more information.
- A late fee of \$1 per minute will be charged for children who have not been collected from the Centre by closing time.
- Our method of payment is Ezidebit.
- Offspring ELC direct debit terms:
 - o Weekly billing cycle – balance at the end of the billing week
 - o Fortnightly – balance at the end of the billing week plus one week advance payment
 - o Monthly or four weekly billing cycle - balance at the end of the billing week plus three weeks advance payment
- In the event that non-immunised children need to be excluded from the Centre, fees will still apply on these days.
- If your child does not attend care on their last booked days, CCB/CCR cannot be applied to your account for these days. This is in accordance with Federal Government policy.
- If you have more than one child attending the Centre, please speak to the Centre Director to find out how to claim the multiple CCB percentage.
- Offspring ELC reserves the right to pursue unpaid fees including through the use of a collection agency.

As terms of enrolment:

Please initial

1. I agree to pay:
 - Fees as charged by Offspring ELC*
 - Fees two weeks in advance as per direct debit terms above.
 - All outstanding fees prior to withdrawing from care.
2. I agree to:
 - Offspring ELC cancelling my child's place if my fees are in arrears for more than two weeks**.
 - Offspring ELC cancelling my child's place with two weeks' notice on reasonable grounds.
3. I agree to provide:
 - Two weeks written notice of intention to withdraw my child.
4. I agree that I will:
 - Submit payment in full within 48 hours of direct debit faults.

The above payment terms and fees and payment information has been explained to me, and I consent to this payment agreement. I have received a copy of the Family Handbook and acknowledge the information provided.

Primary Account Holder

Signature: _____

Name: _____

Date: ___ / ___ / ___

Secondary Account Holder

Signature: _____

Name: _____

Date: ___ / ___ / ___

***Offspring ELC reserves the right to adjust childcare fees. Please see the Family Handbook for information on fee assistance available from the Government in respect of childcare fees.**

****Please speak with the Centre Director if a fee payment agreement is required in respect of any accrued arrears.**



DIRECT DEBIT REQUEST

NEW CUSTOMER FORM

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

Business: Offspring Chinderah Pty Ltd ATF Offspring Chinderah Trust ABN/ACN: 76 713 273 827 OFFS GEN 42450
Customer Reference:
*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, 303909, 301203, 234040, 234072, 428198) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by Offspring Chinderah Pty Ltd ATF Offspring Chinderah Trust ("The Business") as per the Terms and Conditions of my/our agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.6).

Start Date: / / Weekly Debit Amount = Balance Due
Fortnightly Max Debit Amt: \$.

Table with 4 columns: Administration Fee, Bank Account Transaction Fee, Credit Card Transaction Fee, and VISA/MasterCard/AMEX/Diners fees.

CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card
VISA MasterCard
Card Number: Expiry Date:
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...

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, 303909, 301203, 234040, 234072, 428198) 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 1.6) 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 1.6) and I/we have read and understand same. I/We acknowledge that our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at http://www.ezidebit.com.au/privacy-policy/

Signature(s) of Nominated Account: PLEASE PRINT AND SIGN FORM NOT VALID UNLESS SIGNED Date: / / Print Form



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.6)

DDR Service Agreement (Ver 1.6)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969, 303909, 301203, 234040, 234072, 428198) (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 3:00pm 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/our 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.

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 appoint Ezidebit as my/our exclusive agent with regard to the control, management and protection of my/our personal information (relating to the Business and contained in this DDR Service Agreement). I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Agreement or the Ezidebit Privacy Policy, 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, to be referred to a debt collection agency for the purposes of debt collection or as otherwise required or permitted by law. Ezidebit's Privacy Policy can be found at <http://www.ezidebit.com.au/privacy-policy/>

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on my/our written request.

I/We authorise:

- a) Ezidebit to verify and/or correct, if necessary, 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 3327
Newstead, QLD 4006
Ph: (07) 3124 5500 Fax: (07) 3124 5555

NOTIFICATION OF PERSONAL INFORMATION COLLECTION

This forms part of Offspring ELC's Privacy Policy which can be viewed on our website www.offspringelc.com.au

This is the Notification of Collection Statement that Offspring Early Learning Centre ABN 767 1327 3827 is required to provide you with at the time of obtaining your personal information.

Purpose

Offspring ELC collects and holds personal information about you or your child (that is, information relating to an individual or which can be used to identify an individual), that is reasonably necessary for or related to our activities and the services we provide. The purposes for which your personal information is collected will usually be obvious at the time it is collected. Offspring ELC collects personal information of parents and guardians, children, employees and stakeholders for the primary purposes of providing early childhood education and care services and advocating for the well-being, protection and development of children. Offspring ELC will only use your personal information for the purpose it was collected or a reasonably expected or related secondary purpose.

Sensitive Information

In some circumstances Offspring ELC may seek to collect personal information that is sensitive. This may include information such as your child's racial or ethnic origin or any cultural or religious requirements. We are also required by the Education and Care National Regulations to collect and hold details of your child's medical conditions, immunisation history and additional needs. We collect this information as it is reasonably necessary for ensuring the wellbeing, protection and development of children in our care.

Offspring ELC will only collect your sensitive information with your consent and will ensure that it is stored securely. If you do not wish for your sensitive information to be collected by Offspring ELC, you should discuss this with an Offspring ELC employee.

Offspring ELC employees will act strictly in accordance with this policy and will be happy to discuss the reasons for seeking to collect your sensitive information. They will also discuss with you any consequences of not providing your sensitive information, which may include an effect on the services Offspring ELC can provide to you.

Failure to Provide Information

If you do not wish for your personal information to be collected you should discuss this with an Offspring ELC employee. Offspring ELC employees will act strictly in accordance with this policy and will be happy to discuss the reasons for seeking to collect your personal information. They will also discuss with you any consequences of not providing your personal information, or providing incomplete or inaccurate personal information, which may include an effect on what services Offspring ELC can provide to you.

Use and Disclosure

Offspring ELC will only disclose your personal information for the purpose it was collected or a reasonably expected or related secondary purpose. Personal information of parents, guardians and children is ordinarily used or disclosed for the primary purposes of providing early childhood education and care service; advocating for the well-being, protection and development of children; documenting children's learning; managing children's current or prospective enrolment; providing you with information about our organisation, services and activities via letters, email, SMS and other Centre or organisation communication channels; and requesting information from you about our organisation and services via surveys.

We may disclose personal information about you or your child to:

- Third party service providers, who assist us in operating our business (including credit reporting bodies, collection agencies, legal advisors and technology service providers). We will take reasonable steps to ensure these service providers do not breach the Australian Privacy Principles.
- A purchaser of the assets and operations of our business or a part of it, provided those assets and operations are purchased as a going concern.
- Child protection agencies or family support agencies when we reasonably believe that a child is at risk of significant harm, as required by Offspring ELC's Child Protection Procedure.

NOTIFICATION OF PERSONAL INFORMATION COLLECTION

Offspring ELC will not otherwise disclose personal information to a third party for any other purpose without your consent unless it is authorised or required by law.

Access and Correction

You may request access to your personal information. Ordinarily Offspring ELC will require you to make a request for access in writing directed to the Offspring Centre Director. Offspring ELC employees other than the Centre Director are not generally able to provide you with access.

If at any time you believe that Offspring ELC's record of your personal information is incorrect, please let Offspring ELC know. We will take reasonable steps to correct the information so that it is accurate, complete and up to date.

In some circumstances, which are prescribed by the Privacy Act, such as where to do so might put a person at risk of harm or have an unreasonable impact on the privacy of others, Offspring ELC may decline access to personal information. If your request for access is denied, Offspring ELC will tell you why.

Complaints and Feedback

If you wish to make a complaint about a breach of the Privacy Act, Australian Privacy Principles or a privacy code that applies to us, please contact us as set out below and we will take reasonable steps to investigate the complaint and respond to you. If you are not happy with our response, you may complain directly to the Australian Information Commissioner.

If you have any queries or concerns about our privacy policy or the way we handle your personal information, please contact our Centre Director at:

Postal Address: Offspring ELC's Centre Director, 30 Naru St, Chindarah, NSW, 2487.

Email address: admin@offspringelc.com.au

Telephone: + 61 266 745 561

More Information

For more information about privacy in general, you can visit the Australian Information Commissioner's website at www.oaic.gov.au