

CUSTODY ARRANGEMENTS

Are there any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child Yes No

Please provide a copy of any relevant court order, parenting order, parenting plan or relevant document/s and a photo of any person who is the subject of a Court Order relating to the child, as well as any court order pertaining to the child's residence and contact with parent or other person.

EMERGENCY CONTACTS, AUTHORISATIONS AND COLLECTION PERMISSION

In case of emergency and we are unable to contact either parent, we are required to have a list of at least 2 other people who are emergency contacts for your child. Please provide at least two contacts.

① Name Relationship to Child

Address Postcode

Contact number

Alternate number

This person is authorised to:

Collect my child from the centre / program Yes No Be notified in an emergency Yes No

Consent to administration of medication Yes No Consent to medical treatment for my child Yes No

Consent an educator to take my child outside the service (e.g. excursion) Yes No

② Name Relationship to Child

Address Postcode

Contact number

Alternate number

This person is authorised to:

Collect my child from the centre / program Yes No Be notified in an emergency Yes No

Consent to administration of medication Yes No Consent to medical treatment for my child Yes No

Consent an educator to take my child outside the service (e.g. excursion) Yes No

③ Name Relationship to Child

Address Postcode

Contact number

Alternate number

This person is authorised to:

Collect my child from the centre / program Yes No Be notified in an emergency Yes No

Consent to administration of medication Yes No Consent to medical treatment for my child Yes No

Consent an educator to take my child outside the service (e.g. excursion) Yes No

HEALTH & MEDICAL INFORMATION

The following information is required to assist to best meet the health needs of your child. If your child has a specific health care need allergy or relevant medical condition, you will be required to provide us with a medical management plan and specific information on how to best care for your child in the case of an incident. This plan will be followed in the event of any incident relating to your child's specific health care need, allergy or relevant medical condition.

Your Medicare number

Name of your family doctor (Registered Medical Practitioner)

Your doctor's address Postcode

Doctor's phone number

Are you in a Private Health Fund Yes No Fund Name Fund Number

Does your child have any known allergies? Eg food, medication, animals or insects? Yes No

If your child has allergies, please provide details **AND**

Please provide a management plan

Has your child been diagnosed as at risk of Anaphylaxis? Yes No – If yes, please provide a medical action plan.

Does your child have asthma? Yes No – If yes, please provide an asthma management plan.

Does your child have any problems with hearing, sight or speech? Yes No Please provide further information.

Does your child have any ongoing medical conditions including epilepsy or diabetes? Yes No

Please provide further information and a medical action plan.

Does your child have a physical disability or delay including intellectual, sensory or physical impairment? Yes No

Please provide further information

Do you have any concerns about any aspect of your child's development? Yes No If yes, please help us by providing some further information.

Are there any special considerations for you child? Including any cultural, religious or dietary requirements or additional needs? Yes No If yes, please provide further information:

IMMUNISATION

Is your child's immunisation up to date? Yes No

If no, is an exemption or catch up schedule in place? Yes No

An exemption or catch up schedule attached? Yes No

Immunisation History Statement attached? Yes No

We are required to keep records of your child's immunisation on file. Please provide evidence of your child's immunisation history statement to be held on file. These records will need to be updated as children are given further immunisations. If your child is not immunised and an outbreak occurs in the centre, he/she may be excluded from attending until the outbreak has passed. Information regarding the immunisation register can be found at www.humanservices.gov.au/customer/service/medicare/austrian-childhood-immunisation-register

ROUTINES

Has your child previously spent time with other children? Yes No

Is your child used to being with other adults? Yes No

Is this the first time your child has been cared for by someone other than a family member? Yes No

Are there any aspects of your child's cultural, ethnic, and/or religious background that you would like us to be aware of?

Yes No Details

Are there any religious activities that the staff should be aware of? Yes No

THIRD PARTY BILLING DETAILS (NOMINATED THIRD PARTY TO PAY FEES)

Is there a third party agreement for payment of fees? Yes No

If yes, please complete a third party agreement form.

I understand that I am liable for any unpaid fees not paid by the third party.

Sign

Date

AUTHORISATIONS

1. I authorise staff to administer paracetamol to my child should they have a fever over 38 degrees celsius and is in discomfort or pain and all other methods used to lower the temperature have failed. I understand that the staff will advise me if paracetamol is administered to my child and I will be required to collect my child immediately from the centre. Yes

2. I authorise for basic first aid to be administered if required by my child. Yes

3. I authorise staff to act in an emergency. Yes

4. I authorise staff to seek emergency medical, dental or hospital treatment from a registered medical practitioner, hospital or ambulance service for my child whilst being educated and cared for at the centre. This may include following the direction of medical personnel and / or transportation of the child by ambulance service. Yes

5. I authorise staff to take my child outside of the program premises if required for a medical emergency Yes

6. I authorise for staff to apply SPF 30+ sunscreen to my child. Yes

7. I authorise for staff to apply insect repellent to my child if required. Yes

8. I authorise for my child to have contact with the program's resident pets on the premises under the close supervision of the program staff. Yes

9. I authorise for staff to take my child outside the program premises to participate in regular evacuation drills. I understand that my child will be relocated from the program under supervision to a safety zone for evacuation purposes. Yes

.....
Parent / Guardian signature Date

PERMISSION FOR PHOTOGRAPH AND VIDEO DISPLAY

1. I consent to my child's photograph, video footage, artwork observations and/or learning stories to be displayed in the centre. This may be in written or digital form. Yes No

2. I consent to my child's photograph, video footage, artwork observations and/or learning stories to be published on social media, Gowrie NSW's website and marketing materials. Yes No

3. I consent to my child's photograph, video footage, artwork observations and/or learning stories to be published in third party publications as well as with media outlets. Yes No

.....
Parent / Guardian signature Date

I/we confirm that the information provided within this document is accurate and complete. I/we agree to confirm Gowrie NSW promptly in the event that any of the details provided within this document change or require update.

By signing this enrolment form, I/we agree to act in accordance with Gowrie NSW's policies and procedures. I/we agree to be respectful of staff, children, other families and visitors on our premises.

.....
Parent / Guardian signature Date

Document Return Checklist

- [] Direct Debit Form [] Immunisation Statement [] Medical Management Plan [] Enrolment Agreement
[] About Me Form [] Birth Certificate

Internal Office Use Only

I acknowledge the enrolment pack has been checked and all required information has been collected from the family.

Nominated Supervisor Name

Nominated Supervisor Signature Date:

Enrolment Conditions

(1) FEES – (GENERAL)

I accept responsibility for the payment of all fees payable in relation to my child whilst enrolled in a Gowrie NSW Early Education and Care Program.

I understand and accept that fees must be paid in advance. Statements are issued on Wednesday one week before the debit is due which includes the balance currently outstanding and the period in advance. Families can choose between weekly or fortnightly (in accordance to Gowrie NSW's fortnightly cycle) frequency of their payments by indicating their preferences on the Direct Debit Authorisation Form. Fees are then debited on Thursday.

I agree that if my fees are not paid on time, my child's position may be terminated.

I agree to pay my fees via DebitSuccess or Centrepay.

I understand that Gowrie NSW does not charge fees on public holidays.

I understand and accept that fees must be paid for all booked days including days that my child is absent. I understand that Gowrie NSW does not provide 'make up' days for any days not attended by my child.

I agree to give four week's written notice of my intention to withdraw my child from an Early Education and Care program and Preschool program (this notice cannot be given over the Christmas closure period) and agree to pay all monies outstanding prior to the withdrawal of my child.

I agree to give two week's written notice of my intention to withdraw my child from an Outside of School Hours Care program (this notice cannot be given over the Christmas closure period) and agree to pay all monies outstanding prior to the withdrawal of my child.

I understand there is a late collection fee incurred with a pick-up time after the programs designated closing time.

I agree to pay any bank fees or other charges made, if payments of fees are dishonoured.

I agree to provide my CRN to the program if I am intending to claim any government assistance against the payment of my fees along with my date of birth required by the Family Assistance Office to locate details. I understand that CCS cannot be applied to my account if I do not provide my CRN and confirm the enrolment in accordance with the Family Assistance Office requirements.

I understand that if a third-party payment arrangement is entered into full fees will apply. I understand that I am liable for any fees that remain unpaid by the third party.

(2) CHANGING DAYS

I agree to give two week's written notice should I wish to decrease the days in which my child attends.

I understand and accept that if I wish to change or increase the number of days my child attends, Gowrie NSW will endeavour to accommodate my child but cannot guarantee that the days requested will be available.



I understand and accept that I cannot vary the days my child attends on an ad hoc basis.

Any days my child attends in addition to those for which he/she is permanently enrolled will be charged at our standard daily rate.

Family Assistance Law requires parents to accept changes to permanent bookings through their my gov account. Failure to do this will result in CCS not being paid by Centrelink (for CCS eligible enrolments).

I understand that casual/one day bookings are accepted but at the discretion of Program Manager. I agree to provide 24 hours' notice to cancel a casual booking.

(3) SECURITY OF ENROLMENT

I acknowledge that the program is required under the funding arrangement with the Australian Government or State Government to give priority of access to children in accordance with any relevant law or regulation under which priority is to be given to children with certain needs.

If families behave in a manner that is threatening, aggressive or distressing to staff, or families make persistent complaints that are found to be vexatious after appropriate investigation, families may be asked to leave the program and/or their children's enrolment may be terminated at the discretion of Gowrie NSW.

(4) EXCLUSION OF CHILD

I agree that if the management of the program consider that my child has a contagious condition or is otherwise too ill to attend the program, and I agree to collect my child promptly from the program.

I understand and accept that should my child have a contagious illness, I will not return my child to the program until the duration of any relevant quarantine period, or until a medical certificate is issued by a qualified and registered medical practitioner.

I understand and accept that should my child not be immunised and there is an outbreak in the program of a vaccine-preventable disease, that he/she may be excluded from attendance by order of the Relevant State Health Department.

(5) GRIEVANCE & COMPLAINTS HANDLING FEEDBACK AND COMMUNICATION POLICY

I understand that Gowrie NSW has a *Grievance & Complaints Handling Feedback & Communication* policy that is available to upon request at the service.

(6) BABYSITTING/CARE OUTSIDE THE PROGRAM

I acknowledge and understand that requesting staff members to 'babysit' or care for my child outside of the program could create a conflict of interest and therefore agree not to approach staff to make such requests.

Acknowledgement

I/we acknowledge that we have read and understood the enrolment conditions

Name Date

Signature



Direct Debit Request

Request and authority to debit the account named below and to pay the amount debited to _____ (Gowrie NSW Centre)

Authority to debit

I/We _____ /_____/_____
 (Given Names or Company name) (Surname or ACN/ARBN) (Date of Birth)

Of _____
 (Street address)

 (City or Town) (State) (Postcode) (Drivers Licence No)

Tel. (H) _____ (M) _____ (W) _____
 (E) _____

Request and hereby authorise Quickpay Pty Ltd ACN 108 135 146, User ID 390388, to debit any amount it may lawfully charge through the Bulk Electronic Clearing System to the account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement set out on the reverse side of this form and in accordance with the information and instructions contained in Schedules A,B,C,D and E below.

Schedule A

Term of Authority

Weekly

Day of Week Mon Tues Wed Thu Fri

Schedule B

Bank Account to be Debited

Financial institution name _____

Address _____

Name of account holder(s) _____

BSB number |_____|_____|_____| - |_____|_____|_____|

Account number |_____|_____|_____|_____|_____|_____|_____|_____|_____|

Account Holder(s) Signature _____

Schedule E

Credit Card Account to be Debited

Card Type: MasterCard Visa

Card No. |_____|_____|_____|_____|_____|_____| - |_____|_____|_____|_____|_____|_____| - |_____|_____|_____|_____|_____|_____|

Expiry Date: ____/____ CVV _____

Cardholders Name: _____

Cardholders Signature: _____

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 _____ Date ____/____/____



Quickpay Pty. Ltd.
Level 2, Suite 6, 58 – 60 Victor Crescent
Narre Warren VIC 3805
Tel: 1300 659 537
Fax: 1300 659 538

Direct Debit Request Service Agreement

DEFINITIONS

- **Account** means the account held at your financial institution, from which we are authorised to arrange for funds to be debited
- **Agreement** means this Direct Debit Request Service Agreement between you and us.
- **Business Day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia
- **Debit Day** means the day that payment by you to us is due
- **Debit Payment** means a particular transaction where a debit is made
- **Direct Debit Request or (DDR)** means the Direct Debit Request between you and us (and includes any Form PD – C approved by us in the transitional period)
- **Us or We** means Quickpay Pty Ltd, you have authorised by signing a *Direct Debit Request*
- **You** mean the customer who signed the Direct Debit Request
- **Your Financial Institution** is the financial institution where you hold the account that you have authorised us to debit

1. DEBITING YOUR ACCOUNT

- 1.1 By signing a DDR, you have authorised us to arrange for funds to be debited from your account. You should refer to the DDR and this agreement for the terms of the arrangement between you and us.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the DDR **OR**
- 1.3 We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the DDR, a billing advice which specifies the amount payable by you to us and when it is due
- 1.4 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- 1.5 By signing this document you hereby accept that Quickpay or its associated entities are not liable for any prepayment made on products or services that yet to be rendered. Any prepayments made are the responsibility of your provider and not Quickpay. If the provider is for any reason is unable to refund any payments you hereby notified that Quickpay will not be liable for your prepaid funds.

2. CHANGES BY US

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

3. CHANGES BY YOU

- 3.1 Subject to 3.2, 3.3, or 3.4 you may change the arrangements under a direct debit request by contacting us on 1300 659 537
- 3.2 Deferment, cancellation or alteration to the debiting schedule outlined over the page will be considered subject to the terms and conditions of any contract/agreement between you and the payee named over the page.
- 3.3 If you wish to defer a payment you must notify us in writing at least fourteen (14) days before the next debit day
- 3.4 Any cancellations made directly with Quickpay do not affect or terminate any contracts, agreements and/or payment obligations you have with the payee named over the page.

4. YOUR OBLIGATIONS

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request (DDR)
- 4.2 If there are insufficient clear funds in your account to meet a direct debit payment:
- a) You may be charged a fee and/or interest by your financial institution
 - b) You may also incur fees or charges payable to Quickpay; and
 - c) You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be available by an agreed time so that we can process the debit payment
- 4.3 You should check your account statement to verify that the amounts debited to your account are correct

5. DISPUTE

- 5.1 If you believe there has been an error in debiting your account, you should notify us directly on 1300 659 537. Confirm the notice in writing to us as soon as possible so that we may resolve your query quickly
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will arrange with your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding
- 5.4 Any queries you have about an error made in debiting your account should be directed to us in the first instance so that we may attempt to resolve the matter between you and us. If we cannot resolve the matter you may still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf

6. ACCOUNTS

- You should check
- a) With your financial institution whether direct debiting is available from your nominated account as direct debiting is not available on all account types
 - b) Your account details are correct by checking them against your bank statement; and
 - c) With your financial institution before completing the DDR if you have any queries on how to complete the DDR

7. CONFIDENTIALITY

- 7.1 We will keep any information (including your account details) in your DDR confidential. We will make reasonable effort to keep any such information we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information
- 7.2 We will only disclose information we have about you:
- a) To the extent specified by law; or
 - b) For the purpose of this agreement (including disclosing information in connection with any query or claim)

8. NOTICE

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to the address at the top of the page
- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the DDR
- 8.3 Any notice will be deemed to have been received two (2) *business days* after it has been posted

9. NOTICE OF DISCLOSURE (Privacy Act 1988)

- 9.1 We may give information about you to a credit reporting agency for the following purposes:
- a) To obtain a consumer and commercial credit report about you, and/or
 - b) Allow the credit reporting agency to create or maintain a credit information file containing information about you.
- 9.2 This information is limited to:
- a) Identity particulars - your name, sex, address (and the previous two addresses), date of birth, name of employer, and drivers license number
 - b) Your application for credit or commercial credit - the fact that you have applied for credit and the amount
 - c) The fact that we are a current credit provider to you.
 - d) Repayments which are overdue by more than 60 days, and for which debt collection action has started
 - e) Advice that your repayments are no longer overdue in respect of any default that has been listed
 - f) Information that, in the opinion of us, you have committed a serious credit infringement (that is, acted fraudulently or shown an intention not to comply with your credit obligations)

Payment Options to Suit Your Family's Budget

Dear families,

Gowrie NSW is committed to continuous improvement in the delivery of our services to our community. As part of this commitment we are pleased to be able to offer families greater flexibility around payment cycles. The issuing of statements will occur in alignment with families' chosen billing cycles. In addition to flexibility around payment cycles, families are able to pay their fees via Centrepay.

What does this mean for me?

Gowrie NSW offers families two ways in which to pay their fees, Direct Debit and Centrepay. Families can choose to have their fees debited from your nominated bank account or credit card on the business day of their choice. This can be nominated on the direct debit form or in the Story Park Manage Family Portal (<https://www.ccms.storypark.com/>) Alternatively, families may choose to have their fees deducted from their government entitlements via Centrepay.

What is Centrepay?

Centrepay is a voluntary bill-paying service that is free for people receiving Centrelink payments. The service allows families to have their fees deducted from their government entitlements which removes the need for families to manage the payment of the bill. Gowrie NSW is approved to offer Centrepay as a payment method to our families. Instructions for how to set up Centrepay have been included with this letter. If you require additional assistance please contact your service manager.

What if I add a casual day and I have already received the statement for the period?

That's ok, the fee due will just be added to the next statement and direct debit.

How do I know how much will be debited?

The amount that will be debited will be shown in the box on the right-hand side of the front page of your statement. The weeks charged will be in alignment with your chosen payment cycle.

How do I read my statement?

The statement is not a document that we can change, the layout and information on it is set out by DEEWR and in order for services to be eligible for CCS on behalf of families, we must comply with this. The information contained on the following page has been provided to assist with understanding your statement.

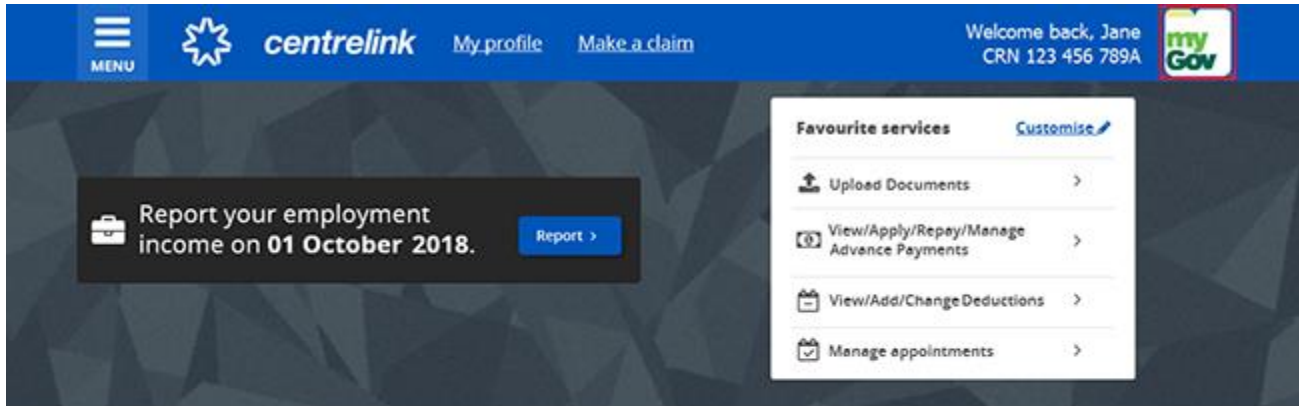


Centrelink online account help – Add a new Centrepay deduction for Gowrie NSW

How to use your Centrelink online account to add a new Centrepay deduction for a Gowrie NSW service.

Step 1: Sign in and access the main menu

Sign into [myGov](#) and select your **Centrelink online account** to access the main menu and your homepage.

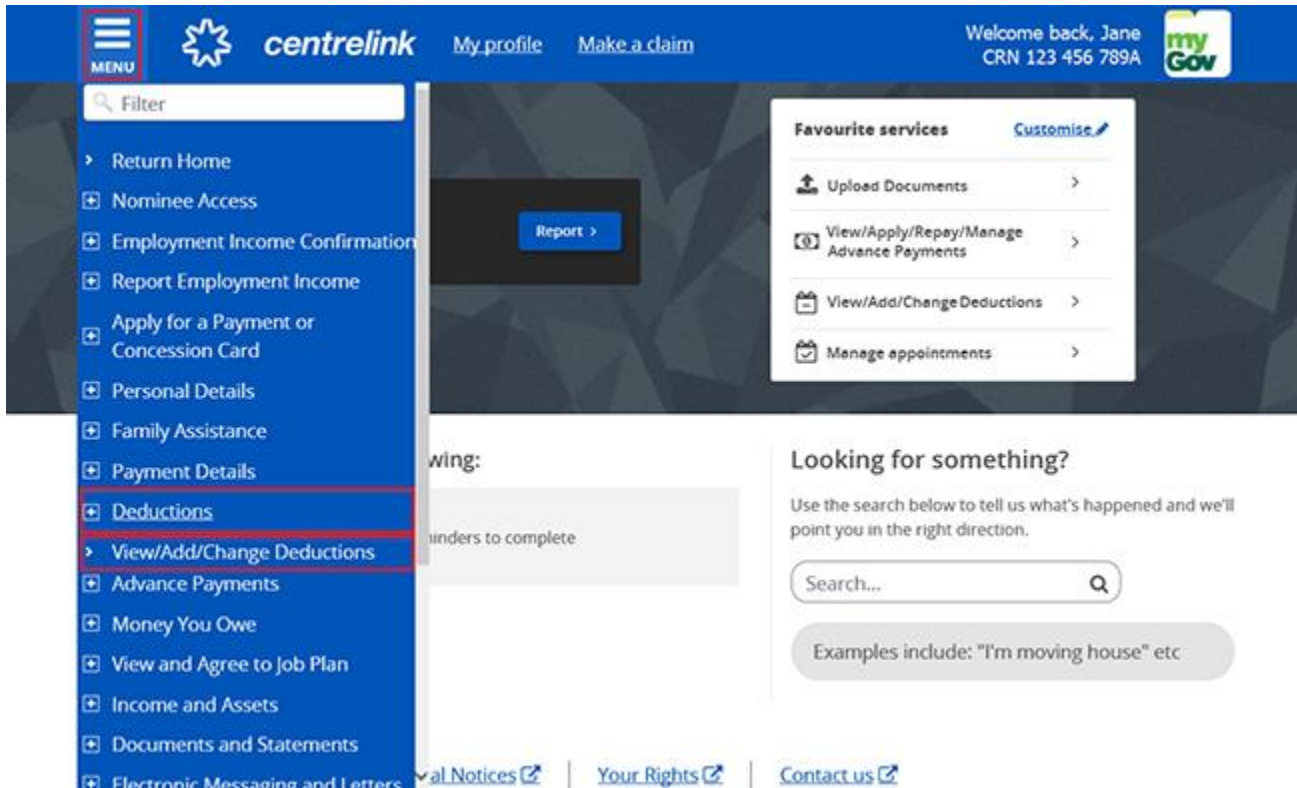


To add a new Centrepay deduction you will need:

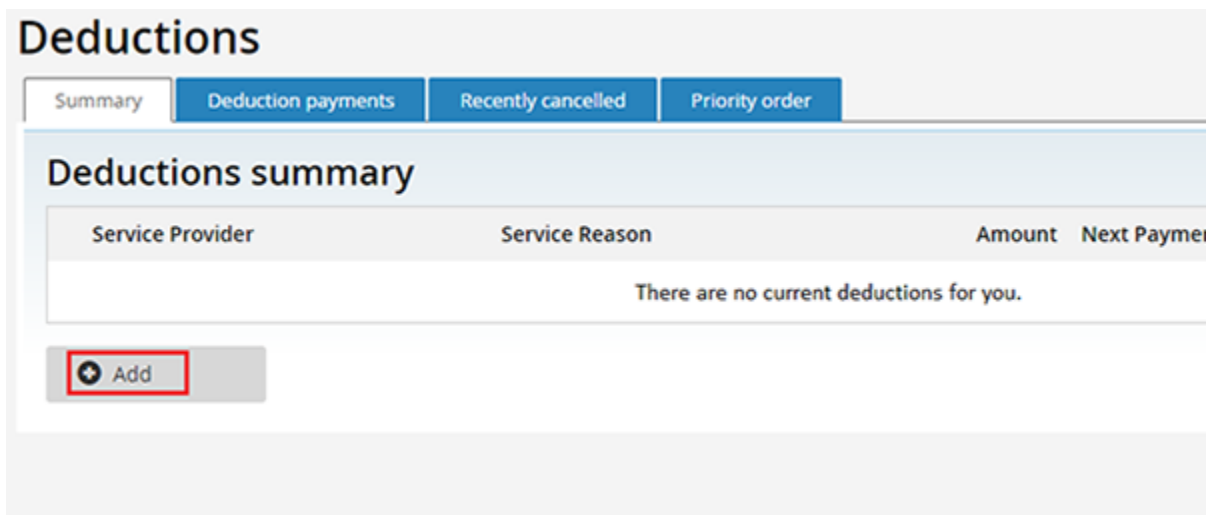
- Provider Name: Gowrie NSW
- Provider CRN: 555 090 396X
- Your account number: *This is located in the top right hand corner of your statement.*
- the amount you want deducted from your Centrelink payment,

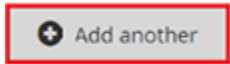
Step 2: Add a new Centrepay deduction

To add a new Centrepay deduction, select the **MENU** icon on your homepage. Select **Deductions** and **View/Add/Change Deductions**.



To add your new Centrepay deduction, select **Add**.



If you already have existing Centrepay deductions in place, select **Add another**. 

The next page will ask you to select what type of deduction you would like to add, select **Centrepay**.

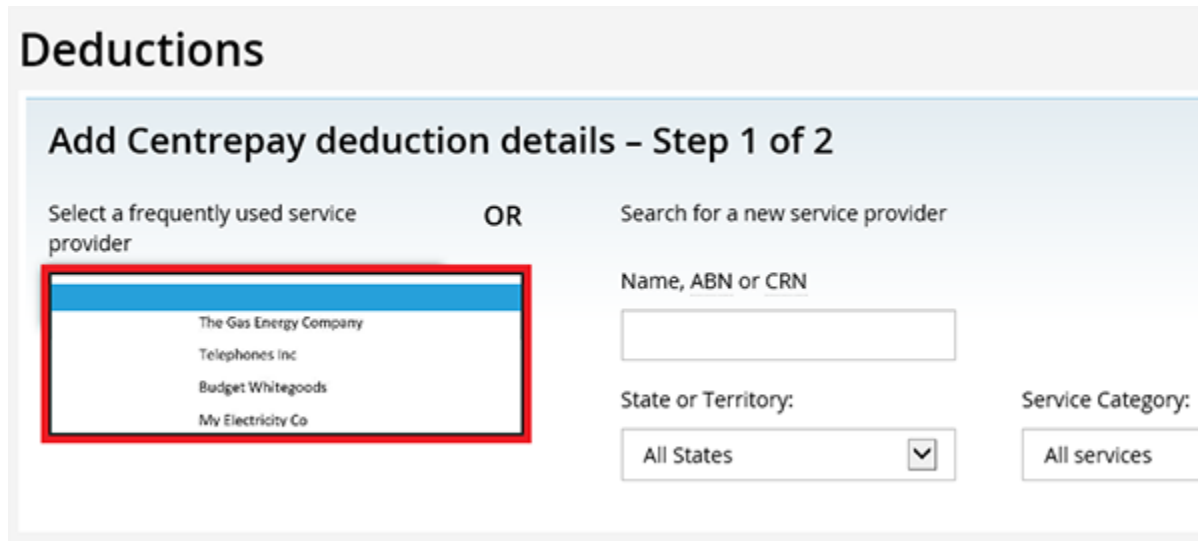
If you have all the required information available and are ready to proceed select **Next**.

Step 3: Choose a service provider

There are 2 ways you can choose a service provider. They are:

- by selecting a service provider from the list of frequently used service providers
- by entering the Name, ABN or CRN of the service provider into the search function

Gowrie NSW recommends searching by CRN – 555 090 396X



Deductions

Add Centrepay deduction details – Step 1 of 2

Select a frequently used service provider **OR** Search for a new service provider

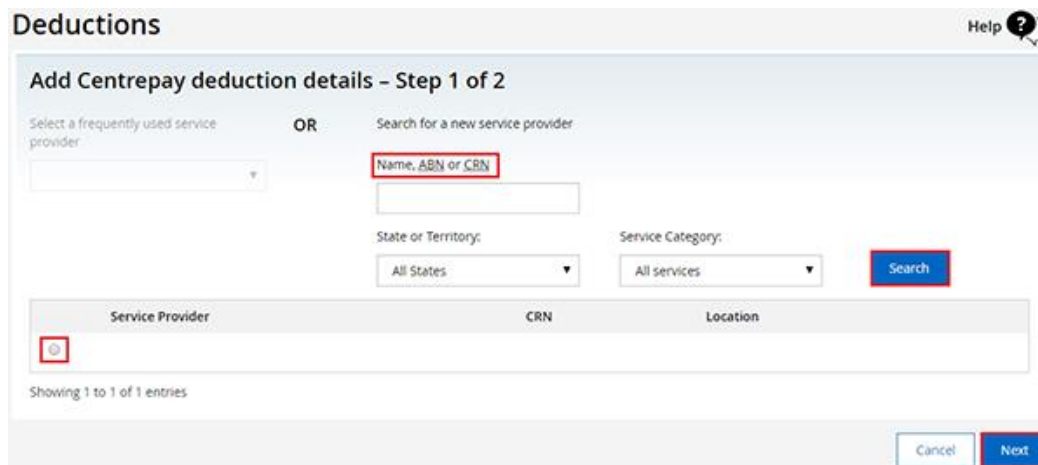
The Gas Energy Company
Telephones Inc
Budget Whitegoods
My Electricity Co

Name, ABN or CRN

State or Territory: All States

Service Category: All services

You will see a list of possible service providers that match the details entered. Select the **correct service provider** and then select **Next**.



Deductions Help ?

Add Centrepay deduction details – Step 1 of 2

Select a frequently used service provider **OR** Search for a new service provider

Name, ABN or CRN

State or Territory: All States

Service Category: All services

Search

Service Provider	CRN	Location

Showing 1 to 1 of 1 entries

Next

Step 4: Enter the details of your deduction

To add a new deduction enter:

- Your account reference: *Located in the top right hand corner of your statement.*
- The amount you want deducted
- How often you want it deducted
- When you want deductions to start

If you're unsure what your account reference number is, please contact Gowrie NSW on 02 8571 9700.

Deductions

Add Centrepay deduction - Step 2 of 2

We need some more details for your deduction to THE MEDICAL SUPPLY COMPANY.
Deduction will be made from your Age Pension payment.
This deduction is for reason of Medical Services/Equipment Account.

What is your account reference ID?

How much and how often would you like it to be taken out?

\$ 40 Fortnightly ▼

When would you like it to start?

Choose one of the following options:

- This deduction will continue to be taken out of your payment until you tell us to stop
- If you want the deduction to end soon please enter a date
- Enter a target amount and we will stop after that amount is reached

To finish entering the new deduction, choose either:

- This deduction will continue to be taken out of your payment until you tell us to stop
- If you want the deduction to end soon please enter a date
- Enter a target amount and we will stop after that amount is reached

If you choose to add an end date or a target amount your deduction will stop when this date or amount is reached.

Select **Next**.

Step 5: review and submit

Review the summary of the details you have just entered to make sure it is correct.

If you agree with the summary, read the declaration, select **I declare that:** and then **Submit**.

If the details are not correct, select **Back** and update the information with the correct details. Then select **Next**.

Please review the changes you made to your deduction below:

Add Centrepay deduction

Service Provider Name:	Gowrie NSW
Service Provider CRN:	555 090 396X
Location:	North Sydney NSW 2060
Reason:	
Account Reference ID:	
Amount:	
How often:	
From Payment Type:	
Start Date:	

I declare that:

- The information I have given is correct.
- I authorise the Department of Human Services to:
 - Make the nominated deduction and pay the amount to the service provider (or as they direct).
- I give permission for:
 - The information provided to be given to the relevant service provider (or their agent) stated in this online transaction.
 - The service provider I have nominated to provide my correct account or billing number to the department if required.
- I understand that:
 - It is my choice to have this amount deducted from my Centrelink payments, and I can change my Centrepay deduction at any time.
 - If I stop using the service provider but do not stop my Centrepay deduction, the service provider may instruct the department to stop the deduction.
 - If my payment rate reduces, a partial rate may be paid to the service provider.
 - Any time my Centrepay deduction is cancelled, I will need to provide my consent before it can be started again.
 - If my payment ceases, this deduction will automatically be cancelled and no payment made to the service provider.
 - If I change service providers, I may also need to advise the department to stop my previous deduction.
 - If I send money to the wrong service provider it may take more than 6 weeks to get my money back.
 - I may need to provide further information if requested.

If your update has been successful, you'll get a confirmation and a receipt ID number. You only need to make further contact if you receive a message specifically telling you to contact us.

Select **Information you have provided** to view the full details of the deduction you have set up.

Select **Return to Summary** to view your current Centrepay arrangements.