

Child name/s:



**HUTCHINS**  
ESTABLISHED 1846

# THE HUTCHINS SCHOOL OUTSIDE SCHOOL HOURS CARE ENROLMENT PACK



# CHILD INFORMATION

Please ensure that all of the details on this page are filled out correctly. Each of the details requested, *including parent dates of birth*, are required in order for your family to receive Child Care Benefit, and/or the Child Care rebate, either during the school year, or through your tax return. Customer Reference Numbers (CRNs) are unique to each individual, and are essential to enrol your child in care. *If you do not know your CRNs, please contact Services Australia on 13 61 50 prior to submitting your enrolment.*

## Child 1 Details:

First Name:		Surname:			
Address:		Suburb & Postcode:			
Primary language:		Date of Birth:		Sex (M/F):	
Is your child of Aboriginal or Torres Strait Islander Origin?		No	Yes, Aboriginal	Yes, Torres Strait	
Medicare Number:		FAO Customer Reference Number (CRN):			

## Child 2 Details:

First Name:		Surname:			
Address:		Suburb & Postcode:			
Primary language:		Date of Birth:		Sex (M/F):	
Is your child of Aboriginal or Torres Strait Islander Origin?		<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait	
Medicare Number:		FAO Customer Reference Number (CRN):			

## Child 3 Details:

First Name:		Surname:			
Address:		Suburb & Postcode:			
Primary language:		Date of Birth:		Sex (M/F):	
Is your child of Aboriginal or Torres Strait Islander Origin?		<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait	
Medicare Number:		FAO Customer Reference Number (CRN):			

## Parent / Guardian 1 Details:

First Name:		Surname:	
CRN:		Date of Birth:	
Address:		Suburb & Postcode:	
Occupation:		Employer:	
Mobile Phone:		Work Phone:	
Email Address:			

## Parent / Guardian 2 Details:

First Name:		Surname:	
CRN:		Date of Birth:	
Address:		Suburb & Postcode:	
Occupation:		Employer:	
Mobile Phone:		Work Phone:	
Email Address:			



# BOOKINGS AND PERMISSIONS

In the event of an accident, injury, trauma or illness, I give permission for the following Emergency Contacts to be contacted if the parents or guardians cannot be reached. Please provide contact details for Emergency Contacts. These people are authorised to collect your children and authorise medical care or the administration of medication for your child in the event that you cannot be contacted. **These emergency contacts should NOT be the parents listed on Page 1 of this enrolment pack.**

## Emergency Contact 1:

First Name:		Surname:	
Relationship:		Mobile Phone:	
Employer:		Work Phone:	
Address:			
Suburb:		Postcode:	

## Emergency Contact 2:

First Name:		Surname:	
Relationship:		Mobile Phone:	
Employer:		Work Phone:	
Address:			
Suburb:		Postcode:	

## Booking Requirements:

Before School Care

After School Care

Vacation Care

*Vacation Care Programs are released 1-2 months before the holiday period and will be emailed to the address provided on page 1 of this document.*

## Permissions & Authorisations:

Please sign or initial your consent for each of the following:

I give permission for my child or children to participate in any routine excursions at the service. This permission refers specifically to excursions within the School campus that are outside the immediate OSHC premises, and/or to short walks in the local area.	<b>sign here</b>
I agree to notify the centre of any changes to parent or emergency contact information as soon as possible. I agree to notify the centre if my child or children are absent.	<b>sign here</b>
I give permission for staff to apply sunscreen to my child or children. (Banana Boat or Cancer Council Sunscreen is provided. Any other sunscreen must be provided by families.)	<b>sign here</b>
I give permission for photos of my child or children to be used within OSHC and for promotional use within the school (Virtus, newsletters, school documents etc).	<b>sign here</b>
<b>VACATION CARE ONLY</b> – I give permission for photos of my child or children to be shared within 'The Hutchins School Vacation Care Program' Facebook group. This group is for Vacation Care families only.	<b>sign here</b>



# HEALTH AND MEDICAL DETAILS

I give permission for staff to seek emergency medical attention, including, hospital or ambulance services, for my child or children if required. I understand that any related medical costs are my responsibility. I agree to notify the centre in the event of my child or children having an infectious illness.

sign here

I give permission for the staff at the service to give my child or children paracetamol if required. I understand that paracetamol will not be administered without the staff having contacted a parent or guardian first.

sign here

## Doctor's Information:

Doctor's Name:		Phone:	
Address:		Postcode:	

## Medical Alerts:

Does your child or children have any of the following medical conditions?

<input type="checkbox"/> <b>Anaphylaxis</b>	Name of child:
<input type="checkbox"/> <b>Allergy</b>	Name of child:
<input type="checkbox"/> <b>Asthma</b>	Name of child:
<input type="checkbox"/> <b>Diabetes</b>	Name of child:
<input type="checkbox"/> <b>OTHER</b>	

*Up-to-date Action Plans **MUST** be attached to this enrolment form.*

Physical disabilities	Yes	No
If yes, please provide details:		
Do any of the children listed on these forms have an allergy, intolerance or specific dietary requirement (including cultural or religious requirements)?	Yes	No
If yes, please provide details:		
Do any of the children listed on this form have behaviour issues that require support in current/previous education and care settings?	Yes	No
If yes, please provide details:		
Do any of the children listed on these forms have social/emotional issues that require support in current/previous education and care settings?	Yes	No
If yes, do they require this medication during OSHC hours?	Yes	No

## Diagnosis:

Does your child or children have any of the following diagnosis?

<input type="checkbox"/> <b>Austism Spectrum Disorder</b>	Name of child:
<input type="checkbox"/> <b>ADD/ADHD</b>	Name of child:
<input type="checkbox"/> <b>Sensory processing delay/disorder</b>	Name of child:
<input type="checkbox"/> <b>Language Delay</b>	Name of child:
<input type="checkbox"/> <b>Language Disorder</b>	Name of child:
<input type="checkbox"/> <b>OTHER</b>	Name of child:



# HEALTH AND MEDICAL DETAILS

Please provide further details of your child's diagnosis:

Do any of the children listed on this form have a NDIS plan?

Yes

No

Do any of the children listed on this form have an Inclusion Support Plan at their current Education and Care Service?

Yes

No

*Please attach documented evidence of diagnosis to this enrolment form.*

If your child has a diagnosed medical condition, you may wish to read our Medical Conditions Policy, which can be found at this link:

<https://central.hutchins.tas.edu.au/sites/oshc/Child%20Care%20Policies/Medical%20Conditions%20Policy.pdf>. This policy details our commitment to ensuring your child's health and safety, and the processes by which we will manage their care.

## Immunisation history:

Please complete a copy of this form for each child that you are enrolling. Additional copies may either be printed, or obtained from the centre.

Child's Name:

Has this child been immunised?

Yes

No

If no, please sign below, and state the reasons or alternative immunisations used.

sign here

If yes, please provide the details of your child's immunisation record, by:

- Attaching a copy of the immunisation record from the Child Health Record Book ('the Blue Book'), **OR**
- Attaching a copy of the immunisation record print out from local government, **OR**
- Completing the table below, using the child's immunisation record to provide dates of the immunisations received. Please note that if you choose to use this table, the statutory declaration at the end of this page **MUST** be signed in order for your enrolment to be accepted.

Usual Age:	Immunisation:	Date Administered:
Birth	Hepatitis B	
2 months	Diphtheria / Tetanus / Pertussis / Polio	
	HIB / Hepatitis B	
	Pneumococcal Vaccine	
	Rotavirus	
4 months	Diphtheria / Tetanus / Pertussis / Polio	
	HIB / Hepatitis B	
	Pneumococcal Vaccine	
	Rotavirus	
6 months	Diphtheria / Tetanus / Pertussis / Polio	
	Pneumococcal Vaccine	
	Rotavirus	
12 months	Measles / Mumps / Rubella (MMR)	
	HIB / Hepatitis B	
	Meningococcal C	
18 months	Chicken Pox	
4 years	Diphtheria / Tetanus / Pertussis / Polio	
	Measles / Mumps / Rubella (MMR)	



# ADDITIONAL INFORMATION

Please list any additional immunisations your child may have received:

Immunisation:	Date Administered:

## Statutory Declaration:

Where details of immunisation are administered on this page without an accompanying official record, a statutory declaration is required by law. By signing below, you solemnly and sincerely state that the records outlined above are a true and accurate reflection of the immunisations administered to your child.

Signed:		Date:	
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## Family Situation & Circumstances:

Please briefly describe your family circumstances. This request is made in order to help us best meet the needs of your children, and your family. If there are any guardianship or custody issues that affect your family, please provide details here. In such a case, the service is also legally required to hold copies of any court orders or other relevant information.

## Additional information:

Is there anything else you would like us to know about your child/ren? Please include any interests or additional support that they may require.

## Billing Details:

Title:		Initials:		Surname:	
Address:				Postcode:	

## Acknowledgment:

Name of person completing this form:	
Date:	
Sign:	



## Direct Debit Request - Authorisation Form

### Customer Details

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Email Address:	<input type="text"/>		

### Select from the Following

New Account       Change Debit Limit       Change Account Details

### Payment Details

Surcharge:	Visa/MasterCard: <input type="text" value="2.72%"/>	AMEX: <input type="text" value="4.98%"/>	Bank Account: <input type="text" value="\$1.04"/>	Admin Fee: <input type="text" value="\$0.00"/>
Payment frequency:	Fortnightly <input checked="" type="checkbox"/>	Day of the week:	<input type="text" value="Friday"/>	
Reversal Fee:	<input type="text" value="\$19.95"/>			

### Direct Debit from Bank Account, Building Society Or Credit Union

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

Account Name:	<input type="text"/>
BSB Number:	<input type="text"/>
Account Number:	<input type="text"/>



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 518466 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

### Credit Card

Please charge my payments to my:  Visa     MasterCard     AMEX

Card number:

Expiry Date:  /     Name on Card:

### Signature

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

Authorising Signature (s)

Date

 /  /



## Terms and Conditions

### DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

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

#### INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 518466 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

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

#### RELATIONSHIP

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

#### CLEARED FUNDS

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

#### VARIATIONS TO DEBIT TERMS

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

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

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

#### CANCELLING THESE DEBIT TERMS

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

#### NON WORKING DAY

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

#### DISHONoured PAYMENTS

I/We acknowledge that:  if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$1.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and

Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

#### ACCURACY OF INFORMATION

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

#### DISPUTES

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

#### OTHER AUTHORISATIONS

I/We authorise:

- (a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details. **INFORMATION**

#### SECURITY

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

Debitsuccess will only disclose information that we have about you:

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

Should you have any queries in relation to these terms and conditions contact Debitsuccess Pty Ltd.

PO BOX 5567, Stafford Heights QLD 4053

Phone: 1800 956 959

E-mail: qkclients@debitsuccess.com