



**Safe Multicultural Out of School Hours Program  
SMOOSH Enrolment Form**

**1. GENERAL INFORMATION**

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

**DAYS ATTENDING:** Please tick the days, **Circle** Permanent booking / Casual booking

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

**2. FAMILY DETAILS**

**PARENT/CARER No.1**

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

**PARENT/CARER No.2**

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

Are there any court orders which relate to your child? Yes / No

(If Yes, please ensure a copy of the relevant court order has been provided to the service. This will be attached to the enrolment record.)

Details of arrangements for contact with other parent or carer(if applicable):

Cultural Background	Child	Parent/Carer No.1	Parent/Carer No.2
Country of Birth:			
Language/s Spoken:			
Religion (Optional):			

### 3. Authorisation for others to collect child and emergency contacts

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

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

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

#### 4. HEALTH

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

## 5. MEDICAL INFORMATION

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

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

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

## 6. FEES/CHILD CARE BENEFIT

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

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

Have you or will you apply for child care Benefit? (Please tick applicable)

- Yes I am already registered**      or       **I will apply**  
 Will be claiming as lump sum  
 Will be claiming as fee reduction  
 **No not registered and I will be paying full fee**

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

## OTHER CHILDREN IN FAMILY

Name:	Gender:	Date of Birth:
	M / F	
	M / F	
	M / F	
	M / F	

## 7. CHILD INFORMATION

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

Child Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

## 8. PERMISSION FOR:

### A. Administration of Asthma First aid kit

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

Parent Signature: \_\_\_\_\_

### B. Administration of Allergies and Anaphylaxis Emergency Kit

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

Parent Signature: \_\_\_\_\_

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

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

- Urgent medical, dental or hospital treatment or ambulance service, and I give consent to the carrying out of appropriate medical, dental or hospital treatment

Parent Signature: \_\_\_\_\_

### D. Excursions

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

Parent Signature: \_\_\_\_\_

### E. Use of child's photographs and videos –

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

Parent Signature: \_\_\_\_\_

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

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

Parent Signature: \_\_\_\_\_

## G. Payment of Fees

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

I understand that a \$5.00 fee will be charged if the nominated bank account payment is declined. I authorise for my payments to be deducted by South Eastern Community Connect (SMOOSH).

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and complete all of the information above and return the form along with the EZI debit information to the SMOOSH office at Gardeners Road Public School or SMOOSH office at Eastlakes Public School during before and after school care hours. Forms will not be accepted at the South Eastern Community Connect office.

For further information please feel free to contact:

SMOOSH Gardeners Road Public School - 0431427176 /83389678

SMOOSH Eastlakes Public School- 96695545

Email address: [smoosh@secc.sydney](mailto:smoosh@secc.sydney)

Web address: [www.secc.sydney](http://www.secc.sydney)

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







**DDR SERVICE AGREEMENT (Ver 1.3)****DDR Service Agreement (Ver 1.3)**

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/We will contact my/our financial institution if I/We are uncertain of the accuracy of these details.

I/We acknowledge that 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 4:00pm Queensland time, Monday to Friday.

Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/We will contact the Business if I/We wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/We agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

You appoint Ezidebit as your exclusive agent with regard to the control, management and protection of your personal information (relating to the Business and contained in this DDR Service Agreement). You irrevocably authorise Ezidebit to take all necessary action (which we deem necessary) to protect your personal information, including (but not limited to) prohibiting the release to or access by third parties without our consent.

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

**Credit Card Payments**

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at [www.ezidebit.com.au](http://www.ezidebit.com.au)

I/We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We authorise:

- a) Ezidebit to verify details of my/our account with my/our financial institution; and
- b) my/our financial institution to release information allowing Ezidebit to verify my/our account details