YMCA

Gumdale OSHC

2019 Enrolment Pack

Contact us on:

P: 3890 2675 E: agd@ymcabrisbane.org

YMCA Outside School HOURS CARE

Important information

- Ezidebits are processed on a THURSDAY only and all permanent bookings will be processed on a fortnightly cycle. The first date for 2019 is 3rd January , then 17th January and so on.
- The account holder at the service must be the CRN holder for the account.
- CRNs and date of birth for account holder and children are required to link your account with CCS. Without these you will be required to pay **full fees**, or delay enrolment start date.
- All new enrolments must be confirmed by the CRN Holder through their myGov account.
- Please ensure that all sections on this form are filled out correctly and in full. Incomplete forms will not be accepted by your service Coordinator
- Parents are to advise any changes of bookings in writing, verbal changes will not be accepted.
- If you have any questions, queries or concerns relating to the enrolment of your child, please speak with your friendly Service Coordinator

AUSTRALIAN CHILDHOOD FOUNDATION
SAFEGUARDING CHILDREN
ACCREDITED ORGANISATION

Thank you

Outside School Hours Care Enrolment Form 2019

How did you hear about YMCA OSHC?

☐ Internet ☐ Yellow Pages ☐ Word of Mouth ☐ School ☐ Previous Client ☐ Other_____

ACCOUNT INFORMATION	
Account Holder Name:	**Account Holder CRN:** _ _ _ _ _ _ _ _ _ _
OSHC Location:	
Email Address for Statements:	

PARENT/GUARDIAN 1 (ACCOUNT CRN HOLDER) INFORMATION – PLEASE PROVIDE COPIES OF ID

Guardians are authorised to give permission for an Educator to take a child outside the education and care services premises as per YMCA policy.

Please ensure that Account Holder CRN (above) and Date of Birth (below) is correct to ensure prompt and accurate matching with Centrelink

Name:	DOB:	☐ M ☐ F
Address (H):		Postcode:
Primary Language:	Cultural Background:	Relationship To Child/ren:
Mobile:	Phone (H):	Email:
Phone (W):	Occupation:	Employer:
Address (W):		Postcode:

Office use: Photo ID Sighted ☐ Copy Received ☐

PARENT/GUARDIAN 2 INFORMATION – PLEASE PROVIDE COPIES OF ID

Guardians are authorised to give permission for an Educator to take a child outside the education and care services premises as per YMCA policy

Authority to collect child ☐ Y ☐ N

Name:	DOB:	☐ M ☐ F
Address (H):		Postcode:
Primary Language:	Cultural Background:	Relationship To Child/ren:
Mobile:	Phone (H):	Email:
Phone (W):	Occupation:	Employer:
Address (W):		Postcode:

Office use: Photo ID Sighted ☐ Copy Received ☐

MEDICAL INFORMATION

Family Doctor Name:	
Surgery Name:	
Address:	Phone:

SAFEGUARDING CHILDREN & YOUNG PEOPLE *The YMCA is committed to Safeguarding children and young people and has a range of policies and procedures to keep children and young people safe. Details of these policies are available at: www.ymcabrisbane.org along with information on YMCA's obligation to report child safety concerns, and how you can report child safety concerns.*

Office Use Only

Date received:	*Date Registration Fee paid:*
Date entered into QK:	*Enrolment data entered into QK by:*
Foster/Kinship Care: Was CSO Contacted? ☐ Yes ☐ No	*Foster/Kinship Care:* Were there any risks Identified we need to manage? Yes ☐ No ☐
If Yes has RMP been Developed? Yes ☐ No ☐	*If not, why not:*

AUTHORISED NOMINEES/EMERGENCY CONTACTS – Please provide copies of ID

Authorised Nominees/Emergency contacts are people over the age of 18. *Emergency contacts are unable to authorise an educator to take a child outside the education and care service premises without written permission from the parent/guardian.*
By listing contacts below, you are providing authorisation for YMCA OSHC to contact contacts in the event of an Emergency.
Please place in specific call order, you must supply a minimum of 1;

AUTHORISED NOMINEE/EMERGENCY CONTACT 3 *Photo ID ☐ Sighted ☐ Copy Received*

Name:	This person is authorised to provide the following authorisations for my child/ren: *(please tick appropriate boxes)*
Relationship:	☐ Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk
Address:	☐ Medical treatment/Medical administration
Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 4 *Photo ID ☐ Sighted ☐ Copy Received*

Name:	This person is authorised to provide the following authorisations for my child/ren: *(please tick appropriate boxes)*
Relationship:	☐ Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk
Address:	☐ Medical treatment/Medical administration
Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 5 *Photo ID ☐ Sighted ☐ Copy Received*

Name:	This person is authorised to provide the following authorisations for my child/ren: *(please tick appropriate boxes)*
Relationship:	☐ Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk
Address:	☐ Medical treatment/Medical administration
Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 6 *Photo ID ☐ Sighted ☐ Copy Received*

Name:	This person is authorised to provide the following authorisations for my child/ren: *(please tick appropriate boxes)*
Relationship:	☐ Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk
Address:	☐ Medical treatment/Medical administration
Phone:	
Work Phone:	
Mobile:	

If any of the above Authorised Persons have not collected my child at the service closing time, I give permission for the Responsible Person in Charge to make necessary provisions to secure the care of my child. I also agree to pay a late pick up fee if I collect my child past licensed closing time of the service:

Signature: _____ Date: _____

CHILD 1 DETAILS *Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink* *Health Record* ☐ *Sighted* ☐ *Copy Received*

Name: Preferred Name:

Child CRN: __ __ __ __ __ __ __ __ __ __ DOB: ☐ M ☐ F

Cultural background:

Child's Address: Postcode:

Year Level in 2019: Language Spoken at home:

Child's Medicare Number: Reference Number: Expiry Date:

Initial Booking Pattern: ☐ **Casual** ☐ **Permanent** ☐ Weekly Pattern ☐ Fortnightly Pattern **Care Start Date:**

Booking Type:

☐ **Complying Written Arrangement** - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in myGov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT.

☐ **Relevant Arrangement** - Does not wish to claim CCS now or at a later date. No confirmation needed in myGov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT

☐ **Arrangement with Organisation** - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) and the external party will be responsible for FULL FEES to be paid with no CCS able to be applied.

Week 1 Before School:	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
Week 1 After School:	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
If Fortnightly Pattern please complete Week 2 **Week 2 Before School:**	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
Week 2 After School:	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**

Is child of Aboriginal (A) or Torres Strait Islander (T) Origin? ☐ No ☐ Yes (A) ☐ Yes (T)

Disabilities, allergies, anaphylaxis or medical conditions and details:

Management Plan supplied: ☐ Yes ☐ No
Please see Coordinator for forms 07-616, 07-534 ,07-669

Details of Parental Custody/Court Orders: Documentation attached: ☐ Yes ☐ No

Is there anyone legally denied access to child? ☐ Yes ☐ No
Name:

Is the child in foster/kinship care? ☐ Yes ☐ No
Do you have a Risk Management Plan for the child? ☐ Yes ☐ No

If yes, please be advised we will contact the Child Safety Officer to confirm if there are any matters we need to be aware of that may impact the care arrangement, and if necessary we will work with you and Child Safety to develop a Risk Management Plan.

Please provide contact details of the Child Safety Officer:

Has child received the relevant immunisations for their age?* ☐ No ☐ Yes
**If YES please provide copy of child's Health Record to Coordinator*

Does child have any additional needs?* ☐ No ☐ Yes
**If YES please see Coordinator to complete forms 07-616 and 07-669*

Does child require staff to administer medication?* ☐ No ☐ Yes
**If YES please see Coordinator to complete form 07-534*

Has child had a history of ill health or been hospitalised? ☐ No ☐ Yes

Does your child have any fears? ☐ No ☐ Yes
**If YES please provide details:*

Are there any behavioural issues that you would like the service staff to be made aware of? ☐ No ☐ Yes

Are there any particular food or drink preferences for your child?* ☐ No ☐ Yes
**If YES please see Coordinator to complete form 07-612*

Does your family participate in any particular religious or cultural practises that are significant for your child? ☐ No ☐ Yes
**If YES please provide details:*

CHILD 2 DETAILS *Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink* *Health Record* ☐ *Sighted* ☐ *Copy Received*

Name: Preferred Name:

Child CRN: __ __ __ __ __ __ __ __ __ __ DOB: ☐ M ☐ F

Cultural background:

Child's Address: Postcode:

Year Level in 2019: Language Spoken at home:

Child's Medicare Number: Reference Number: Expiry Date:

Initial Booking Pattern: ☐ **Casual** ☐ **Permanent** ☐ Weekly Pattern ☐ Fortnightly Pattern **Care Start Date:**

Booking Type:

☐ **Complying Written Arrangement** - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in myGov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT.

☐ **Relevant Arrangement** - Does not wish to claim CCS now or at a later date. No confirmation needed in myGov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT

☐ **Arrangement with Organisation** - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) and the external party will be responsible for FULL FEES to be paid with no CCS able to be applied.

Week 1 Before School:	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
Week 1 After School:	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
If Fortnightly Pattern please complete Week 2 **Week 2 Before School:**	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
Week 2 After School:	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**

Is child of Aboriginal (A) or Torres Strait Islander (T) Origin? ☐ No ☐ Yes (A) ☐ Yes (T)

Disabilities, allergies, anaphylaxis or medical conditions and details:

Management Plan supplied: ☐ Yes ☐ No
Please see Coordinator for forms 07-616, 07-534 ,07-669

Details of Parental Custody/Court Orders: Documentation attached: ☐ Yes ☐ No

Is there anyone legally denied access to child? ☐ Yes ☐ No
Name:

Is the child in foster/kinship care? ☐ Yes ☐ No
Do you have a Risk Management Plan for the child? ☐ Yes ☐ No

If yes, please be advised we will contact the Child Safety Officer to confirm if there are any matters we need to be aware of that may impact the care arrangement, and if necessary we will work with you and Child Safety to develop a Risk Management Plan.

Please provide contact details of the Child Safety Officer:

Has child received the relevant immunisations for their age?* ☐ No ☐ Yes
**If YES please provide copy of child's Health Record to Coordinator*

Does child have any additional needs?* ☐ No ☐ Yes
**If YES please see Coordinator to complete forms 07-616 and 07-669*

Does child require staff to administer medication?* ☐ No ☐ Yes
**If YES please see Coordinator to complete form 07-534*

Has child had a history of ill health or been hospitalised? ☐ No ☐ Yes

Does your child have any fears? ☐ No ☐ Yes
**If YES please provide details:*

Are there any behavioural issues that you would like the service staff to be made aware of? ☐ No ☐ Yes

Are there any particular food or drink preferences for your child?* ☐ No ☐ Yes
**If YES please see Coordinator to complete form 07-612*

Does your family participate in any particular religious or cultural practises that are significant for your child? ☐ No ☐ Yes
**If YES please provide details:*

CHILD 3 DETAILS *Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink* *Health Record* ☐ *Sighted* ☐ *Copy Received*

Name: Preferred Name:

Child CRN: __ __ __ __ __ __ __ __ __ __ DOB: ☐ M ☐ F

Cultural background:

Child's Address: Postcode:

Year Level in 2019: Language Spoken at home:

Child's Medicare Number: Reference Number: Expiry Date:

Initial Booking Pattern: ☐ **Casual** ☐ **Permanent** ☐ Weekly Pattern ☐ Fortnightly Pattern **Care Start Date:**

Booking Type:

☐ **Complying Written Arrangement** - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in myGov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT.

☐ **Relevant Arrangement** - Does not wish to claim CCS now or at a later date. No confirmation needed in myGov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT

☐ **Arrangement with Organisation** - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) and the external party will be responsible for FULL FEES to be paid with no CCS able to be applied.

Week 1 Before School:	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
Week 1 After School:	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
If Fortnightly Pattern please complete Week 2 **Week 2 Before School:**	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
Week 2 After School:	☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**

Is child of Aboriginal (A) or Torres Strait Islander (T) Origin? ☐ No ☐ Yes (A) ☐ Yes (T)

Disabilities, allergies, anaphylaxis or medical conditions and details:

Management Plan supplied: ☐ Yes ☐ No
Please see Coordinator for forms 07-616, 07-534 ,07-669

Details of Parental Custody/Court Orders: Documentation attached: ☐ Yes ☐ No

Is there anyone legally denied access to child? ☐ Yes ☐ No
Name:

Is the child in foster/kinship care? ☐ Yes ☐ No
Do you have a Risk Management Plan for the child? ☐ Yes ☐ No

If yes, please be advised we will contact the Child Safety Officer to confirm if there are any matters we need to be aware of that may impact the care arrangement, and if necessary we will work with you and Child Safety to develop a Risk Management Plan.

Please provide contact details of the Child Safety Officer:

Has child received the relevant immunisations for their age?* ☐ No ☐ Yes
**If YES please provide copy of child's Health Record to Coordinator*

Does child have any additional needs?* ☐ No ☐ Yes
**If YES please see Coordinator to complete forms 07-616 and 07-669*

Does child require staff to administer medication?* ☐ No ☐ Yes
**If YES please see Coordinator to complete form 07-534*

Has child had a history of ill health or been hospitalised? ☐ No ☐ Yes

Does your child have any fears? ☐ No ☐ Yes
**If YES please provide details:*

Are there any behavioural issues that you would like the service staff to be made aware of? ☐ No ☐ Yes

Are there any particular food or drink preferences for your child?* ☐ No ☐ Yes
**If YES please see Coordinator to complete form 07-612*

Does your family participate in any particular religious or cultural practises that are significant for your child? ☐ No ☐ Yes
**If YES please provide details:*

ENROLMENT AGREEMENT

- I/We agree that fees must remain paid as per the YMCA OSHC Fee Policy. I/We agree that it is my/our responsibility to ensure all Centrelink requirements are fulfilled and that I/We must provide relevant Date of Birth and CRN's to link with Centrelink. I/We agree that failing to provide relevant information or fail to communicate with Centrelink regarding my/our circumstances I/we will be required to pay full fees. I/We understand that fee's may change during the time of my enrolment and I will be notified of these by YMCA OSHC Educators.
- I/We agree to pay any relevant additional charges including, but not limited to, Late Fees, Cessation of Care and Incursion and Excursion fees.

Parent/Guardian Name:

Signature: **Date:**

Parent/Guardian Name:

Signature: **Date:**

- I/We agree to notify the Coordinator of any change to information provided on the enrolment form. ☐ No ☐ Yes
- I/We acknowledge that it is my/our responsibility to read the Parent Handbook which is on the website www.ymcachildcare.com.au and agree to abide by the rules, policies and procedures of the service. ☐ No ☐ Yes
- I/We have read the Access for Families Policy and understand that if necessary I/we may lose my/our bookings. ☐ No ☐ Yes
- I/We understand that it is necessary to personally sign child/ren out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my/our child/ren, I/we agree to notify the Coordinator in advance and in writing to this effect. ☐ No ☐ Yes
- I/We understand that management and/or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law. ☐ No ☐ Yes
- I/We understand that, in the case of a Foster Care arrangement, management can contact the Case Worker to obtain strategies to work with the child/ren. ☐ No ☐ Yes
- I/We agree to keep my/our child/ren from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I/We accept that the Coordinator will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases". ☐ No ☐ Yes
- I/We understand that if do not provide a current Health Record my child will be considered as "Not-up-to-date" or not Immunised until such time as I/We provide the Health Record. ☐ No ☐ Yes
- I/We authorise all YMCA staff to provide any required first aid and further to ensure that appropriate medical attention is provided in an emergency. I/We give permission for YMCA to obtain at my/our cost medical, hospital and ambulance service in the case of an accident or emergency involving my/our child/ren. ☐ No ☐ Yes
- I/We give permission for staff and students to observe my/our child/ren to assist in developing activity programs. ☐ No ☐ Yes
- I/We give permission for staff to apply sunscreen to my/our child/ren prior to outdoor play. ☐ No ☐ Yes
- I/We give permission for my/our child/ren's name and/or photograph to be used for promotional purposes and service displays. ☐ No ☐ Yes
- I/We give permission for YMCA OSHC to use the email address provided to contact me/us regarding account issues and keep me/us updated with service newsletters and information. ☐ No ☐ Yes
- I/We give permission for OSHC staff to liaise with my/our child/ren's school administration staff to obtain contact details in an emergency. ☐ No ☐ Yes
- I/We give permission for OSHC staff to liaise with my/our child/ren's teacher when relevant to the well-being of my child/ren. ☐ No ☐ Yes
- I/We understand that copies of all of the parents, guardians and emergency contacts ID need to be attached in order to allow YMCA staff to relinquish care of my child/ren to any of the named ☐ No ☐ Yes

Parent/Guardian Name:

Signature: **Date:**

Parent/Guardian Name:

Signature: **Date:**

YMCA OF BRISBANE OUTSIDE SCHOOL HOURS CARE

Authorisation to Administer Medication

07 - 534

AUTHORISATION

CHILD'S NAME:

PARENT/GUARDIAN NAME:

- As the parent/guardian of the above mentioned child I request and authorise YMCA OSHC to administer the following medication.
- I warrant that the medication provided to YMCA OSHC with this authority is that as described below.
- I am aware that any information regarding changes to this medication including type, dosage etc must be forwarded to YMCA OSHC in writing.
- I am aware that it is my responsibility to maintain an adequate supply of this medication at YMCA OSHC.

PARENT SIGNATURE: DATE:

ADMINISTRATION INFORMATION

NAME OF MEDICATION:

QUANTITY ON HAND OVER (TABLETS/ML):

PERIOD FOR WHICH MEDICATION IS TO BE ADMINISTERED: From: To:

FREQUENCY OF DOSAGE: (IE, SPECIFIC TIMES)

TIME & DATE OR CIRCUMSTANCE, THE MEDICATION IS TO BE GIVEN WHILE IN CARE:

MEDICATION DOSAGE:

DOCTORS NAME:

TELEPHONE: DOCTORS LETTER ATTACHED: ☐ Yes ☐ No

HAS THE CHILD TAKEN THIS MEDICATION PREVIOUSLY? ☐ Yes ☐ No

IF NO, STAFF ARE UNABLE TO GIVE ANY MEDICATION THAT HAS NOT BEEN PREVIOUSLY ADMINISTERED.

IF YES, WAS THERE ANY ADVERSE REACTION? ☐ Yes ☐ No

TIME & DATE OF MEDICATION LAST ADMINISTERED?

MANNER IN WHICH MEDICATION WAS ADMINISTERED?
(EG. ORALLY, NASALLY?)

OTHER INSTRUCTIONS:

SERVICE USE ONLY	
The medication supplied with this authorisation is: ☐ A prescribed medication; and ☐ In its original package with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and expiry date.	
COORDINATOR SIGNATURE:	DATE:

YMCA BRISBANE OUTSIDE SCHOOL HOURS CARE

Food Considerations Form 07 - 612

SERVICE:

CHILD'S NAME:

FOOD CONSIDERATION:

MUST NOT EAT	ALTERNATIVES

FURTHER INFORMATION

SIGNATURE: DATE:

STANDARD IMAGE RELEASE FORM

PERMISSION TO USE PHOTOGRAPHS, VIDEO, AUDIO, IMAGES AND/OR ARTWORK

May we use your, or your children/s, photo/s, audio, video, images and/or artwork in our YMCA social media sites, newsletters, website, or any other promotional material including, but not limited to, posters, flyers or banners?

☐ **Yes, I give permission**

☐ **No, I do not give permission**

I understand that I can withdraw my consent at any time but I must do so in writing and forward it to the YMCA of Brisbane.

COPYRIGHT RELEASE

I, _____ , agree to and provide permission for the photographic, video, written and audio or any other form of electronic recording of me and/or my child/ren (whose names are listed below) to be used for and on behalf of the YMCA. I acknowledge that ownership of any photographic, video, audio or any other form of electronic recording or artwork will be retained by the YMCA.

I authorise the use or reproduction of any recording referred to above for the purposes of publishing information materials and resources which promote the initiatives of the YMCA without acknowledgment and without being entitled to remuneration or compensation. Any photos, videos, artwork or audio may be used on website or social media pages available to the wider community.

I understand the nature and the consequences of what is being proposed above. If there has been any matter of uncertainty, I confirm that I have sought clarification from a staff member of the YMCA who has explained any such uncertainty to my satisfaction.

CHILD DETAILS (If applicable)

Child name/s:

1.	**3.**
2.	**4.**

MY DETAILS

NAME: _____

SIGNATURE: _____

DATE: _____

CONTACT NUMBER: _____

The term 'YMCA' refers to YMCA of Brisbane and Y-Care (South East Queensland) Inc.

YMCA Brisbane
107 Brunswick St, Fortitude Valley, QLD, 4006
PO Box 669, Spring Hill, QLD, 4004
T. (07) 3253 1700 **F.** (07) 3253 1711
E. brisbane@ymcabrisbane.org
W. www.ymcabrisbane.org

OFFICE USE ONLY	
YMCA Location:	
Photo, image, video details	

All about Me

My name is:

Just the Facts

I am ____ years old and am in Grade ____.

The members of my family are: _____

_____

Some of my friends that go to OSHC are: _____

_____

My birthday is: _____

Some of my Favourite things

Food: _____

Sandwich: _____

Fruit: _____

Outdoor activity: _____

Indoor activity: _____

Awesome Activity

One thing I like to do that doesn't involve video games or TV is:

Picture Perfect

This is a drawing or photo of me:

Best Book

My favourite book of all time is:

My Hero

One person who inspires me is:

Did you Know?

Something you might not know about me:

MY mini Autobiography

Some more information about me:

All about Me

My name is:

Just the Facts

I am ____ years old and am in Grade ____.

The members of my family are: _____

_____

Some of my friends that go to OSHC are: _____

_____

My birthday is: _____

Some of my Favourite things

Food: _____

Sandwich: _____

Fruit: _____

Outdoor activity: _____

Indoor activity: _____

Awesome Activity

One thing I like to do that doesn't involve video games or TV is:

Picture Perfect

This is a drawing or photo of me:

Best Book

My favourite book of all time is:

My Hero

One person who inspires me is:

Did you Know?

Something you might not know about me:

MY mini Autobiography

Some more information about me:

DIRECT DEBIT REQUEST

YMCA

Gumdale OSHC
Ph: 07 3890 2675

ezidebit

ACN 096 902 813 | AFSL 315388

NEW CUSTOMER FORM

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

Business: The Young Mens Christian Association of Brisbane ABN/ACN: 61 028 995 366

YMCA AGD 40677

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 The Young Mens Christian Association of Brisbane ("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 1.5).

Start Date : D D / M M / Y Y

Must be Thursday

☐ Weekly

☐ Fortnightly

Debit Amount = Balance Due

Max Debit Amt: $ ___ ___ ___ . ___ ___

Administration Fee (once only):	Paid by YMCA	Bank Account Transaction Fee:	Paid by YMCA	Credit Card Transaction Fee:	VISA/MasterCard: 0.99% (Min $0.66) AMEX/Diners: 4.07% (Min $0.66)

CHOOSE YOUR PAYMENT METHOD

☐ Debit from Credit Card

☐ VISA ☐ MasterCard ☐ AMEX ☐ Diners

Card Number: Expiry Date: M M / Y Y

Name of Cardholder:

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

☐ Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: - Account Number:

Account Holder Name:

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 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 1.5) 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 1.5) and I/we have read and understand same.

Signature(s) of Nominated Account:

PLEASE PRINT AND SIGN
FORM NOT VALID UNLESS SIGNED

Print Form

Date: D D / M M / Y Y

ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.5)

DDR Service Agreement (Ver 1.5)

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 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 my/our personal information, including (but not limited to) prohibiting the release to or access by third parties without my/our consent.

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

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores keeps 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 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

YMCA of Brisbane
OSHC Administration Office

P: 07 3354 0444
F: 07 3354 0445

Brisbane.oshc@ymcabrisbane.org
www.ymcachildcare.com.au

YMCA