



Family Enrolment & Agreement Pack



Yeronga Outside School Hours Care Family Enrolment and Agreement Package

The Committee and staff of the Yeronga Outside School Hours Care (YOSHC) would like to welcome parents, children, families and visitors to our service. Our service is sponsored and supported by Yeronga State School Parents and Citizens Association, and is an active part of the Yeronga State School community.

Outside School Hours Care is designed to provide Before, After and Holiday Care from a child's first day of school until the last day of holiday care in their final year of grade 7. We fully support working parents and work with them to make our Service a place that children enjoy attending. All children are special and they require staff that will listen, help and spend time with them supporting their physical and emotional growth.

Our Service is licensed by the State Department of Education, Training and Employment. Our Service abides by the Education and Care Services National Law and the Education and Care Services National Regulations. YOSHC is yet to be assessed under the national quality framework which was introduced nationally in January 2012. Assessments are currently being processed throughout Australia and remains an ongoing process. YOSHC endeavours to keep families informed of progress as we become informed.

We hope that you find this information package helpful and informative.

Please use this checklist below to ensure you have received and completed the relevant information.

- I have access to the following information:
 - Yeronga OSHC Enrolment and Agreement Pack (to be completed and returned to the Nominated Supervisor)
 - Yeronga OSHC Policies and Procedures (available at YOSHC HQ or via the website: www.yoshc.com)
- I have discussed with the Nominated Supervisor or an Administrator my child's enrolment and attendance at the service. I am satisfied that the consultation process allowed me to express any concerns or voice any questions I had. I understand that if I have any further questions or would like to view the service whilst operating I am able to come in during service hours or book a time to further consult with the Nominated Supervisor.
- I understand it is my responsibility as parent/guardian to apply for Child Care Subsidy, and the Service will not be able to apply CCS to my fees until they receive confirmation through the Child Care Subsidy System (CCSS) which is directly linked to the YOSHC computer.
- I have read, and agree to abide by the Yeronga OSHC Policy and Procedure Manual (available for all parents at the YOSHC 'sign in' desk. Also available online through the YOSHC website: www.yoshc.com).
- I have completed the Enrolment and Agreement Pack honestly and to the best of my knowledge. I understand I must contact the Service immediately if information on this form changes.

Parent/Guardian Name:

Signed: Date: / /

Service Use Only			
Date Completed Enrolment Form returned:/...../.....			
<input type="checkbox"/> CRN's received and entered	<input type="checkbox"/> CCS rolls started	<input type="checkbox"/> Immunisation record received	<input type="checkbox"/> Enrolment and Administration Fee charged
<input type="checkbox"/> Child added to class list if in prep, grade1 or grade2	<input type="checkbox"/> Child info added to arvo update sheet if needed	<input type="checkbox"/> Photo permission entered	<input type="checkbox"/> Security Q & A entered in child notes
<input type="checkbox"/> Interview requested re. cultural belief	<input type="checkbox"/> Nationality; Language info entered	<input type="checkbox"/> Court Order received, and staff notified if applicable	
<input type="checkbox"/> Action Plan received if child has Asthma or Allergy	<input type="checkbox"/> Medical/allergy/asthma plan needs to be formulated	<input type="checkbox"/> Action Plan laminated & added to noticeboard	<input type="checkbox"/> Risk Minimisation Plan to be formulated – advise Director
Service Representative:		Signed:	

Enrolment and Agreement Form

Family surname:		School Attending:		
Children's Details (please write siblings details as well (if attending another childcare centre) in this section. For Centrelink)		<u>DOB & Class</u>	<u>Sex</u>	CRN = Customer Reference Number This info is required to claim the Child Care Subsidy (CCS)
1.	Childs name:	/ /	M F	CRN:
	Preferred Name:	Class:		Nationality:
2.	Childs name:	/ /	M F	CRN:
	Preferred Name:	Class:		Nationality:
3.	Childs name:	/ /	M F	CRN:
	Preferred Name:	Class:		Nationality:
Parent / Guardian 1 (parent who centrelink is linked to)	Name:		Date of Birth: / / (centrelink requirement)	
	Family / Parent CRN (Customer Reference Number):			
	Relationship to Child:			
	Nationality:		Language/s Spoken:	
	Home Phone:		Mobile:	
	Email:			
	Home Address:		Postcode:	
	<input type="checkbox"/> Please tick if this address is also the child's residential address. If not, please specify child's residential address:			
	Place of Employment:		Occupation:	
	Work address:		Postcode:	
Work Phone:		Work email:		
Parent / Guardian 2	Name:		Date of Birth: / / (centrelink requirement)	
	Relationship to Child:			
	Nationality:		Language/s Spoken:	
	Home Phone:		Mobile:	
	Email:			
	Home Address:		Postcode:	
	Place of Employment:		Occupation:	
	Work address:		Postcode:	
	Work Phone:		Work email:	

Our program is enhanced by the special skills, abilities and knowledge that our families have. Any skills can complement the program that we offer our children. Would you be interested in:

- Joining the YOSHC Management Committee? Yes No
- Sharing your talent/skills/knowledge with the children at YOSHC? Yes No

If yes, please note your talent, skill or knowledge here:.....
 (eg. Play a musical instrument, speak another language, artistic, dance, can build, tradesperson, garden, sew, cook etc)

How can we best communicate to you management information about the centre? (Please circle)

Monthly Newsletter / Email / Noticeboard

Important information about custody of your child / children:

Who has legal custody of the child / children?.....

Is there a court ordered parenting order or parenting plan in place for your child / children? Yes No

If Yes: You must supply a copy to the centre

(Please note: It is the families' responsibility to ensure that these documents are updated in writing at all times).

Is there any other information about the children's living arrangements that we need to know about:

Can YOSHC take and use photographs of your child/children for:

- Educational purposes, developmental measurement tools, displays, program evaluations and Quality Assurance Yes No
- The YOSHC Newsletter, newspaper articles, brochures and on our centre website? Yes No

Does your family have any religious, cultural, spiritual or personal beliefs that YOSHC can support and incorporate to best care for your child/children? Yes No

If Yes, please specify or tick the box below to discuss further with a staff member:

- I would like to discuss this further

Do you permit your child/children to celebrate:

- Birthdays Yes No
- Easter Yes No
- Christmas Yes No

At times children may bring a cake or something similar along to celebrate with their friends, do you give permission for your child to share this cake? Yes No

Family Doctor:

Medical conditions require a doctor's letter of conditions and requirements.

Address:

Postcode:

Phone:

Family Medicare Number:

Has your child/children ever suffered from a serious illness, injury or required hospitalisation?

Yes

No

If yes please state child's name and specify medical details:

Does your child/children have any allergies and/or asthma?

Yes

No

If yes please state child's name and allergy and/or asthma details including triggers and severity of condition:

<p>If your child suffers from an allergy, asthma or other medical condition you are required to provide the centre with medical management plans, anaphylaxis medical management or risk minimisation plan. Has this been provided to the centre? Do you need to meet with a staff member to formulate a risk minimisation plan?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
<p>Does your child require staff to administer / supervise other medication (eg. Long term medication; eg.asthma)? If yes, please state child's name and specify details: (by ticking yes you are authorising staff to administer specified medication to your child)</p> <p>Is a doctor's letter or additional information attached?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
<p>Do you authorise educators to:</p> <ul style="list-style-type: none"> • Provide emergency medical treatment, including obtaining any medical, hospital and/or ambulance service in the case of an accident or emergency? • Apply products to my child/children's skin as necessary to maintain health and hygiene (eg. sunscreen, hand wash)? Please check with the educators on the current brands being used and notify of any allergic reaction prior to enrolment. • Liaise with health/medical professionals in relation to the care of your child? • Share information relevant to the care of your child (eg. Health, wellbeing and/or cultural requirements) amongst educators and/or support workers who are working within the school and YOSHC. 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
<p>Has your child received the recommended immunisations to date for their age? A copy of your child's immunisation records needs to be provided to the centre and updated at all times.</p> <p>Please note: When a vaccine preventable disease is present or suspected at the centre, children who the centre DOES NOT have a complete record of immunisation for, may be treated as unimmunised and therefore will be excluded from the centre for the recommended period of time to protect the child and to prevent further spreading of the disease, normal booking charges will apply during times of absence.</p> <p>Does the centre have a copy of the immunisation record?</p> <p>Staff to initial.....</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
<p>Does your child have any additional needs in regards to their ability level that we should know about to provide them with the best care possible? If yes please state child's name and specify details:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>For the purposes of Australian Government Childcare Census, please indicate the following special considerations (tick box if they apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent with a disability or caring for someone with a disability <input type="checkbox"/> Child with learning needs <input type="checkbox"/> Child with communication needs <input type="checkbox"/> Child with mobility needs <input type="checkbox"/> Child with interpersonal needs <input type="checkbox"/> Child with other needs <input type="checkbox"/> Your child/children identify as Aboriginal or Torres Strait Islander 		

Authorised Nominee/s:

An authorised nominee is defined under the Education and Services National Regulation as a person who has been given permission by a parent or family member to collect the child from the education and care service.

The YOSHC Management Committee has ruled that Authorised Nominees need to be at least 16 years old to be authorised to collect a child from YOSHC (2014 MCM).

Please note: that unfamiliar authorised collectors and emergency contacts of the child/children will be required to present photographic ID such as Driver's License, 18+ card, Senior's Card or passport before picking up the child/children.

We recommend that you advise all contacts to bring along photographic ID when collecting your child.

Please note: Cancellations and changes to bookings will only be accepted from a child's parent/guardian

In accordance to the Education and Care Services National Regulation Parent/guardians must list contacts (authorised nominees) for the Education and Care service to contact *in the event that we require consent to medical treatment or administration of medication and we are unable to reach the parent or guardian of the child.*

1. Name:	Relationship to child:
Address:	Postcode:
Phone:	Mobile:
2. Name:	Relationship to child:
Address:	Postcode:
Phone:	Mobile:
3. Name:	Relationship to child:
Address:	Postcode:
Phone:	Mobile:

I authorise the Authorised Nominee's specified above to:

- Collect my child/children from the service
- Be contacted in the event of an emergency where a parent/guardian cannot be reached
- Consent to medical treatment of my child and to authorise the administration of medication to my child
- Authorise an educator to take my child outside the education and care service

Parent/Guardian Name:

Signed: Date: / /

In an emergency a person who is not listed on the child's enrolment form may be required to collect a child.. Permission in this instance may be granted via email or phone. If the request is made via telephone, the parent/guardian will have to answer a security question before notifying staff of the emergency persons details, staff will then fill in an 'additional authorized person' form and the form will be signed by the parent/guardian when they next visit the centre.

Can you please specify a question that we can use to identify you:

If you're stuck try: What was my first pet's name? Or What is the name of my favourite book?

Answer:

Is there any further information you would like to make the service aware of:

I/We agree to notify the centre of any change to information provided in the enrolment pack.

I/We agree to pay all childcare fees incurred, including absent days and fees resulting from late collection.

I/We agree to abide by the centres fee schedule and associated booking and cancellation procedures.

I/We understand that all fees must be paid one week in advance to secure a booking. This includes the enrolment fee which must be paid for each child prior to commencement at the centre.

I/We agree to pay outstanding fees applicable together with all debt recovery expenses incurred if my/our family develops an outstanding account at the centre. This includes mercantile agent's fee, court costs and legal fees reasonably incurred by the centre.

I/We understand that in the case of a default, the parent/guardian acknowledges that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to legal/collection agencies for legal recovery action.

I/We understand that in the case of a default, enrolment details may be listed on the National Default Register for a period of six (6) years and 30 days or until paid. This information may be accessed by other providers at the time of enrolment.

I/We understand that care may be refused in the case of a default.

I/We acknowledge that I/we have received a "Family Package" and agree to abide by the rules, policies and procedures of the service.

I/We understand that it is necessary to personally sign children out as required for the various care programs. If any person apart from those listed on the enrolment form is to collect and sign out my/our child/children, I/we agree to notify the centre in advance to this effect.

I/We agree to inform the centre of any absence of my child/children on or prior to the day due to attend.

I/We understand that management and/or staff **can not** enforce Family Court Orders or Domestic Violence Orders by law.

I/We agree to keep my/our child/children from attending the Program should he/she be suffering from any illness/infectious or contagious disease as per the Infectious Disease policy of the centre. I/We accept that the centre will enforce the recommended minimum exclusion periods recommended by an appropriate governing body.

I/We understand and accept that while all efforts are taken to prevent illness or injury to your child we reserve the right to seek and/or provide medical and/or emergency treatment for your child if deemed necessary by centre educators. In the event of an emergency every effort will be made to contact parents/guardians and emergency contacts. If we are unable to do this educators at the centre will contact the ambulance for transport and authorise treatment as deemed necessary by medical staff. The parents/guardians will be responsible for any costs incurred by this treatment or transportation. The parent will notify the centre in writing of any restrictions regarding medical treatment of the child.

I/We understand that for my child to receive medication whilst at the centre I must complete a medication form for the administration of any medication to my child/children. This includes prescription and over the counter medications and creams as per the Education and Care Services Regulation 2011.

I/We understand that educators may need to escort my child/children off the premises to safety if there is an emergency evacuation

I/We understand that my child/children will be transported by bus, train or will walk to and from school and excursions.

I/We understand that when travelling on a seat-belt fitted bus, my child/children will be required to wear a seat belt.

I/We agree to keep the centre updated on changes to authorised nominees. I understand that in keeping with the Education and Care Services National Regulation (S 160:3) my child/children will not be released into the care of a person who has not been listed on this form as a parent or authorised nominee. I understand that the service will take reasonable steps to prevent a non-custodial parent (as determined by a current court order or parenting order) from having access to, or collecting, any child listed on the order.

I/We will ensure that all authorised nominees are advised of their responsibilities to ensure they collect my child by the service closing time. Failure to do so will result in a late collection fee being applied.

I/We understand that the service must comply with the Priority of Access for CCS purposes. I acknowledge that where a child with a higher priority requires care that I may be contacted to change or reduce my days. I understand that I will be provided with 14 days' notice if this occurs.

- First Priority
A child at risk of serious abuse or neglect.
- Second Priority
A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under Section 14 of the Family Assistance Act
- Third Priority
Any other child

I/We understand that my child's lunch box will be kept within their bag in a shaded area whilst on Holiday Care. When going on excursion children will carry their bags with lunchboxes contained within. If families require special care for lunches, excursion restraints should be taken into consideration.

I/We understand that the information within this Family Enrolment Package will be used in keeping with the Information Handling Policy and the other Policies and Procedures of the service from time to time.

I/We understand that the service may screen G and/or PG rated movies, DVD's, computer games and music whilst my child is in attendance at the service.

I/We agree to abide by the YOSHC Sun Safety Policy. This includes wide brimmed hats are to be worn by all children at the service when outside, suitable sunscreen is applied throughout the day, there will be limited outdoor activities planned between 10am and 2pm; sun smart rashies are to be worn on swimming days. Please read the full policy via the Policies and Procedures.

I/We authorise educators of the centre to seek and/or provide medical and/or emergency treatment for my child **including the administration of life saving medication (eg. Epipen or Ventolin)** should this be considered necessary and agree to meet all costs incurred by this treatment and or transport.

By signing this document I acknowledge that I have read, understood and agree to abide by the information contained in this enrolment and agreement pack.

Name:	
Signature:	Date:/...../.....
Name:	
Signature:	Date:/...../.....

Care Requirements Form

Family Name: _____ Date of Care to Begin:/...../.....

Before and After School Care:

We require care on a **permanent** basis for the following days (Please tick appropriate days):

Child 1: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Child 2: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Child 3: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

OR

We will be attending Yeronga OSHC on a **casual** basis and will notify YOSHC when we need care.

Holiday Care:

We will be attending YOSHC for Holiday Care only.

We will/may be attending YOSHC for Holiday Care as well as Before and After School Care

Yeronga OSHC

Contact Details:

Nominated Supervisor: Tanya Harris
 Educational Leader: Lucy Reid
 P&C Finance Administrator: Cara Burrus
 Tel: 07 3426 0361
 Mail: 122 Park Road, Yeronga Q 4104
 Email: yoshc@live.com.au
 Website: www.yoshc.com

Hours:

Before School Care	7.00am – 8.45am
After School Care	3.00pm – 6.00pm
Holiday Care & Pupil Free Days	7.00am – 6.00pm

Fees and Charges*

(*Please note these fees are subject to minor change with the review of the budget at the end of the year)

<u>Session</u>	<u>Time</u>	<u>Cost</u>
Before School Care Permanent	7.00 am – 8.45 am	\$14.00
Before School Care Casual		\$16.00
After School Care Permanent	3.00 pm – 6.00 pm	\$21.50
After School Care Casual		\$23.50
Holiday Care and Pupil Free Day Full Day (Additional fees for excursion & incursion days)	7.00 am – 6 00 pm	\$51.00

Enrolment Fee (due on enrolment): \$15 per child Administration Fee (due annually): \$30 per family

No Notification Fee (YOSHC must be notified when a child will not be attending a session): \$5 per session

Late Fee (Families must collect their children before 6pm): \$15/15minutes or part thereof

See Policies and Procedures for booking cancellation timeframes.

Making Payments

Account statements are emailed out fortnightly to each active family. YOSHC uses an external company, Debit Success, to manage the automatic direct debit of funds from each families nominated account or credit/debit card.

Debit Success will withdraw funds equal to the amount owing on a families YOSHC account. Debit Success charge families a dishonor fee for failed payment attempts. Please see the attached Debit Success form for more details on this and their terms and conditions.

Additional to the automated direct debit service, families can use the EFTPOS terminal in the centre to make payments outside of their regular fortnightly direct debit amount. Step by step instructions on how to make your payment are located next to the EFTPOS machine. If you need assistance, please don't hesitate to ask the Coordinator on duty.

If you'd like to see if you're eligible for the Child Care Subsidy (CCS) please contact the Department of Human Services (136150) for a Customer Reference Number for yourself and your child. Once you've received these numbers pass them onto a Nominated Supervisor at YOSHC and we'll enter them into the Child Care Subsidy System (CCSS). It can take a few days for your CCS amount to come through so please be patient.

CCSS Approval ID for YOSHC (for Centrelink purposes): **CCMS_1_61P_64**

If you have any enquiries regarding your account, please see the Coordinator on duty.

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"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>


Select from the Following

<input type="checkbox"/> New Account	<input type="checkbox"/> Change Debit Limit	<input type="checkbox"/> Change Account Details
--------------------------------------	---	---

Payment Details

Payment Limit Amount:	<input type="text"/>	<small>This is the maximum amount to deduct at each centre where a balance occurs</small>		
	<small>50.00 or Blank = No Limit</small>			
Surcharge:	Visa/MasterCard: <input type="text" value="N/A"/>	Bank Account: <input type="text" value="N/A"/>	Admin Fee: <input type="text" value="N/A"/>	
Payment frequency:	<input type="checkbox"/> Fortnightly	Day of the week:	<input type="text"/>	
First Payment Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>			

Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):			I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).
Account Name:	<input type="text"/>		
BSB Number:	<input type="text"/>		
Account Number:	<input type="text"/>		

Credit Card

Please charge my payments to my:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard		
Card number:	<input type="text"/>			
Expiry Date:	<input type="text"/> / <input type="text"/>	Name on Card:	<input type="text"/>	

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
<input type="text"/>	<input type="text"/>

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 184532 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.

DISHONOURD PAYMENTS

I/We acknowledge that:

(a) 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 \$14.95 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

(b) 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


Quick Pointers for Families

Before and After School Care


 Hat (no hat = no outside play)

Holiday Care


 Hat (no hat = no outside play)

 Enclosed shoes


 Drink bottle for water


 Towel, togs and sun smart shirt if swimming

 Sunscreen, if allergic to the brand supplied

 Lots of food for lunch (we provide breakfast, morning and afternoon tea)

 Please ensure there are no nuts in your child's lunch, for the safety of our anaphylactic children.

 Clothes suitable for craft and other activities

 Change of clothes

Health & Community Service Dept Contact Information

Department of Human Services	132 468 http://www.humanservices.gov.au/
Community Child Health Service	http://www.health.qld.gov.au/cchs/about.asp
Community Health Service	http://www.health.qld.gov.au/services/default.asp
Queensland Health	07 3234 0111 www.health.qld.gov.au
<u>Counselling and Support</u>	
Domestic Violence Telephone Service	Womensline: 1800 811 811 Mensline: 1800 600 636
Lifeline	13 11 14 www.lifeline.org.au
Poisons Information Centre	13 11 26
Positive Parenting Program (PPP)	07 3365 7290 http://www1.triplep.net/
Relationships Australia	1300 364 277 http://www.raq.org.au/
Women's Infolink	1800 177 577 http://www.communities.qld.gov.au/women/about-us/womens-infolink

YOSHC Staff and Centre Details

Your child's care giver details as at the date of enrolment are as follows:



Tanya Harris
Position
Co-Director (Nominated Supervisor)
Qualification
Bachelor of Arts
- Psychology Major -
Tanya@yoshc.com



Jordan Young
Position
Co-Director
Qualification
Bachelor of Secondary Education
- Mathematics & Media Arts Major -
jordanyoung@yoshc.com



Lucy Reid
Position
Educational Leader
Qualification
Bachelor of Built Environment
- Interior Design -



Charlee Carey
Position
Assistant Coordinator
Qualification
Diploma of TESOL
Bachelor of Primary Education
(currently completing)



Maddy McMahon
Position
Assistant Coordinator
Qualification
Bachelor of Primary Education
Minor of Religious Studies



Chris Walker
Position
Assistant Coordinator
Qualification
Bachelor of Business
- Marketing Major -



Gabrielle Kelleher
Position
Assistant Coordinator
Qualification
Bachelor of Primary Education
- Special Education Major -
(currently completing)



Ashleigh Stabe
Position
Assistant Coordinator
Qualification
Diploma of Languages (Spanish)
Bachelor of Primary Education
- History Minor -
(currently completing)



Caitlin Jordinson
Position
Assistant Coordinator
Qualification
Bachelor of Public Health
(currently completing)



Julia Phan
Position
Educator
Qualification
Bachelor of Occupational Therapy
(Honours)
(currently completing)



Teaghan Druitt
Position
Educator
Qualification
Bachelor of Primary Education
(currently completing)



Alec Higgins
Position
Educator
Qualification
Bachelor of Secondary Education
- HPE and Mathematics Major -
(currently completing)



Jack McMahon
Position
Educator
Qualification
Bachelor of Information Technology
(currently completing)



Sarah Dimes
Position
Educator
Qualification
Bachelor of Primary Education
(currently completing)



Maddy Jordinson
Position
Educator
Qualification
Bachelor of Nursing and Paramedics
(currently completing)



Niamh Angelos
Position
Educator
Qualification
Bachelor of Science
Major in Environmental Science
(currently completing)



Luke Gallaher
Position
Educator
Qualification
Cert. III in Fitness
Diploma of Elite Sports Development



Lili Taylor
Position
Educator
Qualification
Bachelor of Occupational Therapy
(honours)
Currently completing



Tom Crowley
Position
Educator
Qualification
Bachelor of Social Work

This service is licensed by the Department of Education, Training and Employment, with specifications detailed in the Education and Care Services National Law and the Education and Care Services National Regulation 2011. The service complies with the conditions set out in the National Law and Regulation, including, for example, the requirements relating to activities, experiences and programs, staff members' qualifications, numbers of staff members and children.

You are encouraged to ask the Nominated Supervisor for information relating to the following:

- Your child's enrolment at this service including the activities and experiences provided by the service
- The service philosophy about learning and child development outcomes and how it is intended the outcomes will be achieved; and
- The goals about knowledge and skills to be developed through activities and experiences.

Please note: Notices stating the current information about groups and staffing in the centre is displayed at the centre.

Yours sincerely,

Yeronga State School P and C Association, Outside School Hours Care