



# Playtime Early Learning

## ENROLMENT FORM

### CHILD'S DETAILS

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_  
Customer reference number (CRN): \_\_\_\_\_ Have you applied for benefits with Centrelink? Yes / No  
D.O.B. \_\_\_\_\_ Sex: Male / Female (circle) Preferred name: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Language spoken: \_\_\_\_\_  
Is the child of Aboriginal and/or Torres Strait Islander descent? Yes / No  
Child's address: \_\_\_\_\_ Post code: \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) NAMES / ADDRESSES / INFORMATION

#### **Parent / Guardian (1)**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ CRN # \_\_\_\_\_  
Address: \_\_\_\_\_ Post code: \_\_\_\_\_  
Home Telephone No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Place of Work/Study: \_\_\_\_\_  
Work/Study Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ D.O.B. \_\_\_\_\_

#### **Parent / Guardian (2)**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ CRN # \_\_\_\_\_  
Address: \_\_\_\_\_ Post code: \_\_\_\_\_  
Home Telephone No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Place of Work/Study: \_\_\_\_\_  
Work/Study Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Has a copy of your child's immunisation records been provided?** YES / NO (circle)  
**Has a copy of your child's birth certificate been provided?** YES / NO (circle)  
**Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?** YES / NO (circle)

**ADDITIONAL PERSONS TO BE CONTACTED IN CASE OF EMERGENCY. AUTHORISED TO TAKE THE CHILD FROM THE CENTRE'S PREMISES. PERSONS MUST BE 18YRS AND OVER, IN GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY OF THE CENTRE AND CAPABLE OF DEALING WITH EMERGENCIES. ID WILL BE REQUIRED.**

**EMERGENCY CONTACT 1**

**AUTHORISED TO TAKE THE CHILD FROM PREMISES (other than child's parents/guardians).**

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work ph: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**EMERGENCY CONTACT 2**

**AUTHORISED TO TAKE THE CHILD FROM PREMISES (other than child's parents/guardians).**

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work ph: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**ORIENTATION DATE (10.30am – 11.30am):** \_\_\_\_\_

**DATE CARE TO COMMENCE:** \_\_\_\_\_

Routine Days	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick (✓)					

Session times: **Full day:** 7.30am – 5.30pm fee \$85 **Morning session:** 8.30am – 12.30pm sharp \$45

We are closed public holidays and do not charge. This is a flexible care agreement with the above routine days. Casual days may be provided upon request under this agreement.

**FAMILY DOCTOR**

Family doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone Number/s: \_\_\_\_\_ Medicare no: \_\_\_\_\_

Private insurance no: \_\_\_\_\_

In the event of an emergency, illness or accident (when unable to contact parents/guardian or authorised person/s) I/we consent to hospital attention being sought for the child. I/we agree to pay any expenses incurred for medical treatment and transport.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature for and on behalf of Playtime Early Learning: \_\_\_\_\_

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

**PHOTO PERMISSION:**

I give permission for Playtime Early Learning staff to take photographs of my child for use in my child’s scrapbook and displayed within the centre, on the Playtime Early Learning website and See Saw communication app. I am aware that photos of my child may be included in group photos and in other children’s scrapbooks.

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SOCIAL MEDIA PERMISSION:**

I give permission for Playtime Early Learning staff to take photographs of my child for use on social media sites Instagram and Facebook.

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH OF THE CHILD:**

Does your child require REGULAR MEDICAL ATTENTION: Yes / No (Circle)

If YES please provide details:

\_\_\_\_\_

Does your child suffer from:

**Details**

Allergies	Yes / No	
Hearing or speech problems	Yes / No	
Asthma or recurrent chest infections	Yes / No	
Diabetes	Yes / No	
Seizures or epilepsy	Yes / No	
Eczema	Yes / No	
Food intolerance	Yes / No	

Do you give Playtime Early Learning approval to apply?

Sunscreen **Yes / No**

Band-aids **Yes / No**

Sudocream **Yes / No**

Does your child have a disability? YES / NO

If YES what type of disability? \_\_\_\_\_

If YES which agency is your child registered with? \_\_\_\_\_

**SPECIAL NEEDS**

Does your child have a special need (eg. Dietary requirements, religious customs, requirements etc.) YES / NO

If YES please comment: \_\_\_\_\_

### PARENT/GUARDIAN REGISTRATION AGREEMENT

1. We have viewed the centre and consent to enrolment of our child.
2. We acknowledge having received and read the Parent Handbook and understand any changes to such will be displayed in the centre's policies and procedures booklet available on request from the centre Director.
3. We agree to comply with all Government requirements in relation to the centre and its service.
4. We agree that in the event of an accident or injury to my child which requires medical care, Playtime Early Learning will attempt to contact us. In the event of an emergency where we are not contactable we authorise Playtime Early Learning to arrange an Ambulance to transport our child to hospital and agree to pay any expenses incurred.
5. We agree to pay the weekly fee on the due date as determined by Playtime Early Learning with the first two weeks payable in advance on enrolment.
6. We are aware that it is our responsibility to maintain a current Family Assistance Office income Assessment notice for Child Care Benefit purposes.
7. We understand that to have access to Child Care Subsidy we need to meet all current Child Care Subsidy requirements.
8. In the event that we overlook to sign our child in on drop off we authorise staff at Playtime Early Learning to sign in on our behalf for normal attendances, absent days and holidays.
9. We are aware that fourteen (14) days paid notice in writing of cancellation of care or reduction of days must be given in advance, otherwise full fees apply
  - We are aware that Playtime Early Learning closes for Public holidays and weekends.
  - We are aware that fees are payable for days even in the event of holidays or illness and are not transferable.
10. We understand that late fees apply if a child is collected after 5.30pm SHARP closing time.
11. We are aware that any failure to pay fees within 7 days may result in cancellation or care at Playtime Early Learning.
12. Fees may be adjusted with due notice given to parents but will not occur more than twice per year.
13. We are aware that the child will be excluded from care at Playtime Early Learning if he/she is unwell or has contracted a contagious disease or condition.
14. We give/do not give permission for the child to receive individual observation by students on accredited programs at Playtime Early Learning.
15. We agree to provide Playtime Early Learning will all information regarding the health of the child.
16. We are aware that if we fail to inform correct information as required by Playtime Early Learning, the centre will be able to terminate its services forthwith.
17. We are aware that Playtime Early Learning may occasionally have visitors and/or volunteers, with the centre's appropriate supervision.

I/We have read this agreement, and received relevant information about the service offered by this centre.

I/We are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, pay fees and have Playtime Early Learning release the child to.

We agree to abide by the conditions of use of Playtime Early Learning and this agreement.

PARENT/GUARDIAN (print name): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE FOR AND ON BEHALF OF PLAYTIME EARLY LEARNING \_\_\_\_\_

DATE: \_\_\_\_\_



DIRECT DEBIT REQUEST

Ph: 0895575310  
ABN/ACN: 36 140 126 859

NEW CUSTOMER FORM

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

Business: The Trustee For Neagle Family Trust ABN/ACN: 36 140 126 859 **100-481-827**

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 Trustee For Neagle Family Trust ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.9).

Start Date:  /  /   Weekly Debit Amount = Balance Due  
 Fortnightly Max Debit Amount \$

Administration Fee(once only) up to:	Paid By Business	Bank Account Transaction Fee:	Paid By Business	Credit Card Transaction Fee:	VISA/Mastercard: 1.87% (Min \$0.88) AMEX/Diners: 4.40% (Min \$0.88)	Failed Payment Fee: \$11.90
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CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA  MasterCard  AMEX  Diners

Card Number:  Expiry Date:  /

Name of Cardholder:

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 1.9) 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 1.9) and I/we have read and understand same. I/We acknowledge that our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com/au/privacy-policy/>

Signature(s) of Nominated Account:  Date:  /  /

## DDR SERVICE AGREEMENT (Ver 1.9)

### DDR Service Agreement (Ver 1.9)

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 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 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 may be payable by me/us to Ezidebit. Where a failed payment fee is applicable, the amount will be as detailed in the Debit Arrangement of the Direct Debit request. 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 and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Agreement or the Ezidebit Privacy Policy, 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, to be referred to a debt collection agency for the purposes of debt collection, or as otherwise required or permitted by law. Further information relating to Ezidebit's Privacy Policy can be found at <http://www.ezidebit.com/au/privacy-policy/>.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores 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 and/or correct, if necessary, 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.



# ALL ABOUT

Name

The people in my family are:

My family describe me as:

Together as a family, we enjoy:

The languages we speak at home are:

Please include any keywords that might be helpful for our educators

I like to eat:

I don't like to eat:

My sleeping patterns:

Please include details of routines, special comforters.

My toileting stage:

Things I am fascinated by:

Toys I like to play with & games I like to play:

Books I love:

Recently I have learnt to:

Other things we would like to know

*Thank you for taking the time to complete, from the Playtime Team*