

Enrolment form



This enrolment form belongs to:

CHILD'S NAME

Below are the items you'll need on hand to complete this enrolment form:

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Custody or parenting orders (if required) |
| <input type="checkbox"/> Australian Child Immunisation Register (ACIR) statement | <input type="checkbox"/> Contact information for three emergency contacts |
| <input type="checkbox"/> Child's Medicare number | <input type="checkbox"/> Child's doctor's details |
| <input type="checkbox"/> Customer Reference Number (CRN)* | <input type="checkbox"/> Additional needs information (if required) |

** if you are already registered with the Department of Human Services (Centrelink)*

Please write clearly using a pen, and return this form to your Centre Director. Please complete a separate form for each child in your family who is attending Goodstart. We look forward to you joining the Goodstart family.

Welcome to Goodstart Early Learning

This form is all about your child and your family. As each child is unique with different needs and routines, it's essential we have this important information. It will help us get to know your child so we can individualise their early learning and care, and support your family routines and culture.

If you need more information or assistance completing this form, please contact our Family Support Team on **1800 222 543**, or visit our website at **goodstart.org.au**.



Please ask your Centre Director if you would like additional support or an interpreter to help you complete these forms.

Notification of Personal Information Collection

This is the Notification of Collection Statement that Goodstart Early Learning Limited ABN 69 139 967 794 (“Goodstart”) is required to provide you with at the time of obtaining your personal information. This forms part of Goodstart’s Privacy Policy which can be viewed on our website at www.goodstart.org.au.

Purpose

Goodstart collects and holds personal information about you and your child for the primary purposes of: providing early childhood education and care services; and advocating for the well-being, protection and development of children.

Goodstart collects and holds the contact details of childrens’ additional emergency contact people for the purpose of contacting them to collect your child should you be unavailable for any reason.

Sensitive Information

In some circumstances Goodstart may seek to collect personal information that is sensitive. This may include information such as your child’s racial or ethnic origin, religious beliefs or affiliations, and your child’s medical conditions, immunisation history and additional needs. We collect this information as it is reasonably necessary for ensuring the well-being, protection and development of children in our care.

For example staff may wish to develop an educational program that includes reference to a child’s country of origin.

Goodstart will only collect your sensitive information with your consent and will ensure that it is stored securely. If you do not wish for your sensitive information to be collected by Goodstart, you should discuss this with a Goodstart employee.

Goodstart employees will act strictly in accordance with this policy and will be happy to discuss the reasons for seeking to collect your sensitive information.

Failure to Provide Information

If you do not wish for your personal information to be collected you should discuss this with your Centre Director. Goodstart employees will act strictly in accordance with Goodstart’s Privacy Policy and will be happy to discuss the reasons for seeking to collect your personal information.

They will also discuss with you any consequences of not providing your personal information, or providing incomplete or inaccurate personal information, which may include an effect on what services your Goodstart Early Learning centre can provide to you.

Use and Disclosure

Goodstart will only use or disclose your personal information for the purpose it was collected or a reasonably expected or related secondary purpose. Personal information of parents, guardians and children is ordinarily used or disclosed for the primary purposes of: providing early childhood education and care services; advocating for the well-being, protection and development of children; documenting children’s learning; managing children’s current or prospective enrolment; providing you with information about our organisation, services and activities via letters, email, sms and other centre or organisation communication channels; and requesting information from you about our organisation and services via surveys.

We may disclose personal information about you to:

- third party service providers, who assist us in operating our business (including credit reporting bodies, collection agencies, legal advisors and technology service providers). We will take all reasonable steps to ensure these service providers do not breach the Australian Privacy Principles. These providers may be based overseas or use overseas infrastructure to perform services for us, including in the USA, Singapore, and New Zealand.
- a purchaser of the assets and operations of our business or a part of it, provided those assets and operations are purchased as a going concern (ie, the purchaser buys the whole Early Learning Centre or a group of Centres).
- child protection agencies or family support agencies when we reasonably believe that a child is at risk of significant harm, as required by Goodstart’s Child Protection Procedure.

Goodstart will not otherwise use or disclose personal information to a third party for any other purpose without your consent unless it is authorised or required by law.

Access and Correction

You may request access to your personal information. Ordinarily Goodstart will require you to make a request for access in writing directed to the Goodstart Privacy Officer. Goodstart employees other than the Privacy Officer are not generally able to provide you with access.

If at any time you believe that Goodstart’s record of your personal information is incorrect, please let Goodstart know. We will take reasonable steps to correct the information so that it is accurate, complete and up to date.

In some circumstances which are prescribed by the *Privacy Act 1988*, such as where to do so might put a person at risk of harm or have an unreasonable impact on the privacy of others, Goodstart may decline access to personal information. If your request for access is denied, Goodstart will tell you why.

Complaints and Feedback

If you wish to make a complaint about a breach of the Privacy Act, Australian Privacy Principles or a privacy code that applies to us, please contact us as set out below and we will take reasonable steps to investigate the complaint and respond to you. If you are not happy with our response, you may complain directly to the Australian Information Commissioner.

If you have any queries or concerns about our privacy policy or the way we handle your personal information, please contact our Privacy Officer at:

Postal Address: Goodstart’s Privacy Officer, 43 Metroplex Avenue, Murarrie, Brisbane, Qld 4172

Email address: legal@goodstart.org.au

Telephone: + 61 7 3906 2000

More information

For more information about privacy in general, you can visit the **Australian Information Commissioner’s** website at www.oaic.gov.au.

Care requirements

Goodstart centre:

What type of care do you require?

Long day care Before school care After school care Vacation care

Have you previously been enrolled with us? No Yes If Yes, please provide the following details:

Account number (if known): Account name:

Name of previous Goodstart centre:

CENTRE DIRECTOR USE ONLY **Centre Director to complete in consultation with family.**

Room/age group: Proposed start date: / / - - -

Days/times booked (please indicate the likely drop-off and pick-up times)

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|---|---|---|---|---|
| Arrival time | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| Departure time | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |

My child's primary school details (if you are enrolling for before or after school care or vacation care)

Name of school: P ☎: (.....)

Street address:

Suburb: State: Postcode:

Orientation information

Every child should have at least one orientation visit prior to starting at their centre so they can get to know the educators and the environment. You will be introduced to the daily operations of the centre including things like staff rosters and family events. You will be invited to discuss your expectations of the centre with the Centre Director, and talk to your child's educator about your aspirations and expectations for your child. Our early learning programs and practices within each room, and children's routines will all be explained to you.

Please discuss your preferred dates for orientation with your Centre Director.

CENTRE DIRECTOR USE ONLY **Centre Director to complete in consultation with family.**

Orientation dates: / / - - -

/ / - - -

/ / - - -

My child's details

This information is required for regulatory compliance.

First name: Middle name:

Surname: Other name/s:

Former name/s:

Child's CRN:

Gender: Male Female Date of birth: / /

Place of birth: Country of birth:

Child's home address (if different to parent):

Street address:

Suburb: State: Postcode:

The estimated date your child will start primary school: / /

Is your child's family of Aboriginal or Torres Strait Islander background?

Yes, Aboriginal Yes, Torres Strait Islander Yes, Both Neither Prefer not to say

The purpose of this question is to understand the range of cultural diversity across our network of centres. This information will inform Goodstart about how we can better reflect the cultural diversity of our local communities in our programs and practice.

Cultural background:

Religion:

Language/s spoken at home:

Does your child speak English? No Yes Does your child understand English? No Yes

If a language other than English is spoken at home:

Would an interpreter or cultural support worker be of benefit to your child during the settling-in period? No Yes

Are there any court orders, parenting orders or parenting plans in relation to your child or access to your child?

No Yes  If Yes, please attach a copy of the current order or plan. Please ask your Centre Director for a Parental Responsibility Action Plan to complete.

Birth Certificate

Please provide your child's original Birth Certificate for the Centre Director to sight (or a certified copy of your child's Birth Certificate, Australian Citizenship Certificate, or passport).

**CENTRE
DIRECTOR
USE ONLY**

Centre Director declaration: I confirm I have sighted the original Birth Certificate.

Name: Initial:

Date: / /

Dietary requirements

Does your child have any known dietary requirements? No Yes


 If Yes, please ask your Centre Director for a Dietary Requirement Management Plan or a Medical Management Plan to complete.

Additional needs

An additional need may be associated with any of the following areas: communication; mobility; self care; interpersonal interactions and relationships; learning and applying knowledge; education or other general tasks; domestic life; or community and social life.

Additional needs may also result from other circumstances such as: a culturally and linguistically diverse background; a refugee background where the child has been subjected to trauma; the childcare place has been sourced by a child protection worker and/or the child is in the care of the state; or other forms of out-of-home care.

Does your child have an additional need? No Yes (please detail below)

 If Yes, you can provide a detailed summary of your child's additional needs and attach any relevant reports or assessments which may also be included in your Medical Management Plan. Your Centre Director will discuss your child's needs and work with you to ensure your child gets the most from their early learning experiences.

**CENTRE
DIRECTOR
USE ONLY**

Centre Director declaration: I confirm I have discussed the above additional needs with the family and entered all information into Qikkids as required.

Name: Initial:

Date: / /

Medical details


Medicare No.:

Health Care Card: No Yes If Yes, complete details below.

Health Care Card number: Expiry date: / /

Medical conditions

Does your child have any specific healthcare needs, including any medical conditions, significant medical history, communicable diseases, or allergies (including anaphylaxis)?

No Yes  If Yes, please ask your Centre Director for a Medical Management Plan to complete. You may also be asked to complete a Risk Management Plan depending on the medical condition.

Immunisation history

We encourage all children to be fully immunised in accordance with the Department of Health and Ageing National Immunisation Program Schedule.

We ask all families to provide proof of immunisation, so please remember to bring your records with you for the Centre Director to sight, and again each time you update your child's immunisation history. Our preferred proof of immunisation is your child's ACIR Statement.

Where there is a reason why children are not, cannot, or will not be immunised, please provide a written statement confirming your child's non-immunised status. Please note, changes to immunisation legislation made by the Australian Government mean that families need to ensure their child is fully immunised, on a catch up immunisation schedule or have a valid reason for not immunising their child in order to receive Australian Government child care subsidies. The Australian Government does not accept choosing not to immunise a child on the basis of personal or philosophical beliefs as a valid reason.

In the event there is a suspected or identified case of a vaccine-preventable disease, unimmunised children will be excluded from the centre for the recommended minimum exclusion period. Children without complete and/or current immunisation records will be considered unimmunised.

Please see over for important information for our New South Wales and Victoria families.



Important notice for New South Wales families

Please note there are additional requirements for residents of New South Wales. Parents/guardians must provide childcare centres with documents that show your child:

- is fully vaccinated for their age, or;
- is not vaccinated as you have a conscientious objection, including religious beliefs, to vaccination or;
- has a medical reason not to be vaccinated, or;
- is on a recognised catch-up schedule if you have fallen behind with your child's vaccinations.

Parents/guardians who fail to provide the documents below will not be permitted to enrol your child. These documents include:

- An ACIR Immunisation History Statement, which shows that your child is up to date with their scheduled immunisations, or;
- An ACIR Immunisation Exemption Conscientious Objection Form (IMMU12), which has been certified by an immunisation provider and a parent/guardian, or;
- An ACIR Immunisation Exemption—Medical Contraindication Form (IMMU11), which has been certified by an immunisation provider, or;
- An ACIR Immunisation History form on which the immunisation provider has certified that your child is on a recognised catch-up schedule.



Important notice for Victoria families

Please note there are additional requirements for residents of Victoria. Commencing 1 January 2016 early childhood education and care services cannot confirm enrolment of a child unless the parent/guardian has provided documentation that shows the child:

- is fully vaccinated for their age; or
- is on a recognised catch-up schedule if their child has fallen behind with their vaccinations; or
- has a medical reason not to be vaccinated. 'Conscientious objection' to vaccination is not an exemption.

Parents/guardians who fail to provide the documents below will not be permitted to enrol your child. These documents include:

- an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR)—**preferred option**; or
- document/s signed by a GP or immunisation nurse that contains the same information as an ACIR Immunisation History Statement.



If you experience difficulties accessing vaccinations or the required documents, please **check this box** and we will provide you with further information. In some cases, children can commence at the service while the required documents are obtained.

CENTRE DIRECTOR USE ONLY

Centre Director declaration: I confirm I have sighted the original immunisation record and placed a copy in the child's enrolment file.

Name: Initial:

Date: / /

My family's details

Please notify us of any changes to these details. It is important for us to maintain up-to-date contact details at all times so we can provide the best care for your child.

Primary account holder

(Details of parent/guardian/person with parental responsibility. This person is registered or likely to register for Child Care Benefit (CCB) and Child Care Rebate (CCR).)

Is this person the primary or secondary emergency contact? Primary Secondary

Title: Dr Mr Mrs Miss Ms Other First name:

Surname: Former name/s:

Relationship to child (eg, Mother, Father, Guardian):

Gender: Male Female Date of birth†: / / CRN*:

Cultural background: Language/s spoken:

M ☎: H ☎: (.....) Email:

Home address: Street address:
Suburb: State: Postcode:

Mailing address: Street address:
(if different from above) Suburb: State: Postcode:

Work details: Occupation: Organisation:
P ☎: (.....) Street address:
Suburb: State: Postcode:

Preferred communication method During work hours: Outside of work hours:
Options: Mobile number (including SMS & voicemail), home phone, work phone, email address, in person In an emergency: For service updates:

Secondary account holder (Details of parent/guardian/person with parental responsibility.)

Is this person the primary or secondary emergency contact? Primary Secondary

Title: Dr Mr Mrs Miss Ms Other First name:

Surname: Former name/s:

Relationship to child (eg, Mother, Father, Guardian):

Gender: Male Female Date of birth†: / / CRN*:

Cultural background: Language/s spoken:

M ☎: H ☎: (.....) Email:

Home address: Street address:
Suburb: State: Postcode:

Mailing address: Street address:
(if different from above) Suburb: State: Postcode:

Work details: Occupation: Organisation:
P ☎: (.....) Street address:
Suburb: State: Postcode:

Preferred communication method During work hours: Outside of work hours:
Options: Mobile number (including SMS & voicemail), home phone, work phone, email address, in person In an emergency: For service updates:

† **DOB** The provision of date of birth information is a mandatory requirement to meet eligibility requirements to receive CCB and CCR.

* **CRN** Customer Reference Number issued to you by Centrelink if you have already registered for CCB. If you have not already registered, please contact the Department of Human Services on 13 61 50 to register.

NAME

ROOM

Additional emergency contact details

In addition to the primary and secondary account holders, you can list additional emergency contacts below.

In the unlikely event of an emergency, please nominate the people you would like us to contact (including yourselves if appropriate). A copy of this form will be kept securely in your child's room.

Please notify us of any changes to these details. It is important for us to maintain up-to-date contact details at all times so we can provide the best care for your child.

Additional emergency contact 1 (other than parent/guardian)

Name:

Relationship to child:

M ☎:

H ☎: (.....) W ☎: (.....)

Street address:

.....

Suburb:

State: Postcode:

Please tick all statements that apply to this contact:

- This person is an authorised nominee to collect my child from the centre, and to give permission to another person to collect my child from the centre.
- This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.
- This person is authorised to give permission to an educator to remove my child from the early learning centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Additional emergency contact 2 (other than parent/guardian)

Name:

Relationship to child:

M ☎:

H ☎: (.....) W ☎: (.....)

Street address:

.....

Suburb:

State: Postcode:

Please tick all statements that apply to this contact:

- This person is an authorised nominee to collect my child from the centre, and to give permission to another person to collect my child from the centre.
- This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.
- This person is authorised to give permission to an educator to remove my child from the early learning centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Additional emergency contact 3 (other than parent/guardian)

Name:

Relationship to child:

M ☎:

H ☎: (.....) W ☎: (.....)

Street address:

.....

Suburb:

State: Postcode:

Please tick all statements that apply to this contact:

- This person is an authorised nominee to collect my child from the centre, and to give permission to another person to collect my child from the centre.
- This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.
- This person is authorised to give permission to an educator to remove my child from the early learning centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Your medical practitioner

In the unlikely event of an emergency, your child's medical practitioner's contact details may be required.

Medical practitioner's name:

Street address:

Suburb: State: Postcode:

P ☎: (.....) Fax: (.....)

My child's known allergies:

My child's regular medications:



NAME

ROOM

My child's routine

To enable our educators to support your child's routine, it is important we have as much information about your child as possible. This information is kept in your child's room so your child's educators can refer back to it at any time.

General information

Child's name: Date of birth: / /

My child especially likes doing: (eg, painting, playing outside)

What are your child's favourite songs to sing?

Does your child have any known fears? No Yes If Yes, please provide details:

Does your child have a comforter? (eg, blanket, teddy bear) No Yes If Yes, please provide details:

Meal times

Is your child currently on breast milk, formula, milk or solids? Breast milk Formula Milk Solids


What are your child's feeding times? 1. 2. 3. 4. 5.

Does your child like to be nursed when bottle feeding? No Yes


Does your child have his or her milk warm? No Yes

Does your child have reflux or any other feeding concerns? No Yes If Yes, please provide details:

Does your child have any dietary requirements, eg, vegetarian or halal?

No Yes  If Yes, please specify, and ask your Centre Director for a Dietary Requirement Management Plan to complete:

Does your child have any allergies or dietary restrictions?

No Yes  If Yes, please specify, and ask your Centre Director for a Medical Management Plan:

Does your child like to feed themselves? No Yes

How would you describe your child's appetite?:

Toileting

Is your child: Using nappies? Using a potty? Learning to use the toilet? Using the toilet?

If your child is toilet training, please provide details to assist us supporting toilet training at the centre:

Sleeping and resting

Please indicate the usual times your child sleeps or rests throughout the day, and **circle** whether your child sleeps or rests.

1. **Sleep or rest** from: to:

2. **Sleep or rest** from: to:

3. **Sleep or rest** from: to:

How can we support your child's comfort during sleep or rest?



Tell our educators about your family

So we can develop a learning program that supports your child's individual learning experiences and interests, it is important we get to know your family. This information is kept in your child's room so the educators can refer back to it at any time.

Child's name: Date of birth: / /

Parent's name/s:

Cultural background: Religion:

Language/s spoken at home:

If a language other than English is spoken at home: Does your child speak English? No Yes

Does your child understand English? No Yes

Please identify the family members who live with your child:

Mother Older sibling/s Aunt/s Other Please specify:

Father Younger sibling/s Uncle/s

Guardian Cousin/s Grandparent/s

Please name the other children in your family (if applicable):

Are there any special names of people or things that we should know about? (eg, your child has a special name for their comforter)

Many families have expectations that are unique to their family. Please detail anything specific you would like us to know:

What can we do to support your family's values, beliefs, customs, or cultural practices at the centre?

(Please provide details)

Would you like to share your family culture with other children and families at the centre? We will happily discuss how we can work with you to share your culture with the centre more broadly.

No Yes If Yes, please provide details or suggestions:


Please provide any other information about your family relevant to your child:

The information you share with us will contribute to your child's early learning program and experiences at our centre.



Your consent

Child's name:

| I give the early learning professionals and the approved service provider the authority to: | No | Yes | Please initial to indicate you have read and understand this information |
|--|--------------------------|--------------------------|--|
| Apply sunscreen to my child for outside play every day during the period recommended for our state by the Cancer Council and on those days with a Ultra Violet Radiation Level of three and above.  (If No, please complete the Sun Safety Acknowledgement and Waiver) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Apply insect repellent provided by me to my child for outside play. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Apply nappy cream provided by me to my child when required. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Observe my child to assist in developing an appropriate developmental educational program. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Allow the people ticked as authorised nominee/s on page 6 to collect my child from the early learning centre. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Allow the people ticked as authorised nominee/s on page 6 to: | | | |
| • Give permission for medical treatment, administration of medication, and sign incident reports for my child | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Give permission to the Goodstart educators to remove my child from the early learning centre for excursions or to seek medical treatment from a registered medical practitioner, hospital or ambulance service. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seek medical treatment from a registered medical practitioner, hospital or ambulance service, and/or authorise medical transport by an ambulance service in the event my child requires medical treatment. I agree to pay any medical/transport costs incurred. | <input type="checkbox"/> | <input type="checkbox"/> | |

| I understand that: | No | Yes | Please initial to indicate you have read and understand this information |
|--|--------------------------|--------------------------|--|
| I must inform the early learning centre if my child has been unwell or has taken any medication before coming to care. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Goodstart will seek my written consent for my child to participate in regular outings or excursions where required. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Goodstart will only use or disclose my personal information for the purpose it was collected or a reasonably expected or related secondary purpose. Personal information of parents, guardians and children is ordinarily used or disclosed for the primary purposes of: providing early childhood education and care services; advocating for the well-being, protection and development of children; documenting children's learning; managing children's current or prospective enrolment; providing me with information about the organisation, services and activities via letters, email, sms and other centre or organisation communication channels; and requesting information from me about our organisation and services via surveys. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Goodstart may use the name, photo and video of my child for: my child's individual development profiles and educational resources; my child's individual early learning journals and portfolios; the early learning portfolios of my child's peers; staff professional development and communication; newsletters and communications to my centre's families; in both hardcopy and online formats. | | | |
| I understand that I will be asked to complete an image release form if photos/videos of my child are requested to be used for any other purpose. | <input type="checkbox"/> | <input type="checkbox"/> | |

I consent to the above medical emergency and permission clauses and I have received a copy of the Goodstart Family Handbook.

Parent/guardian/person with parental responsibility

Parent/guardian/person with parental responsibility

Signature:

Signature:

Name:

Name:

Date: / /

Date: / /

Fees and payments

- Fees will apply in accordance with our fee structure¹.
- A booking fee of \$50 may be charged by your Goodstart centre upon confirmation of your booking. This payment is applicable per child, per centre. To support Goodstart's inclusivity and accessibility agenda, some centres are exempt from the booking fee. Your centre will advise you if a booking fee is applicable.
- Fees will apply for booked days that your child does not attend due to illness, holidays, or public holidays. Goodstart Early Learning centres do not operate on public holidays. Please refer to your Family Handbook for further information.
- A late fee of \$1 per minute will be charged for children who have not been collected from the centre by closing time.
- Our preferred method of payment is EziDebit. You can also pay via BPAY using internet or phone banking, or in person by EFTPOS or credit card at your Goodstart centre. Please note there are some surcharges that may apply to these payment methods—contact your Centre Director with any queries.
- Goodstart EziDebit terms:
 - Weekly billing cycle—balance to be paid at the end of the billing week
 - Fortnightly billing cycle—balance to be paid at the end of the billing week plus one week advance payment
 - Monthly or four-weekly billing cycle—balance at the end of the billing week plus three weeks advance payment
- If EziDebit is not used, then your account must be paid two weeks in advance.
- In the event that non-immunised children need to be excluded from the centre, fees will still apply on these days.
- If your child does not attend care on their last booked days, CCB/CCR cannot be applied to your account for these days. This is in accordance with Federal Government policy.
- If you have more than one child attending an early learning service, please speak to your Centre Director to find out how to claim the multiple CCB percentage.
- Goodstart reserves the right to pursue unpaid fees including through use of a collection agency.

Payment agreement

| As terms of enrolment | Please initial |
|--|----------------|
| 1. I agree to pay: All fees as charged by my Goodstart centre. ¹ Fees two weeks in advance or as per direct debit terms above. All outstanding fees prior to withdrawing from care. | |
| 2. I agree to: Goodstart cancelling my child's place if my fees are in arrears for more than two weeks. ² Goodstart cancelling my child's place with two weeks' notice on reasonable grounds. | |
| 3. I agree to provide: Two weeks' written notice of intention to withdraw my child. | |
| 4. I agree that I will: Submit payment in full within seven days of any direct debit faults or dishonoured cheques. | |

The above payment terms and fees and payment information has been explained to me, and I consent to this payment agreement. I have received a copy of the Family Handbook and acknowledge the information provided.

Primary account holder

Signature:

Name: Date: / /

Secondary account holder

Signature:

Name: Date: / /

¹ Goodstart reserves the right to adjust childcare fees. Please see the Family Handbook for information on fee assistance available from the Government in respect of childcare fees.

² Please speak with the Centre Director if a fee payment agreement is required in respect of any accrued arrears.



**goodstart
early
learning**



ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

NEW CUSTOMER FORM

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

*Goodstart Customer ID:

*Surname: *Given Name:

*Mobile #:

* Email:

*Centre Name:

2. Select from the Following

New Account Change Account Details Go to Step 4.

3. DEBIT ARRANGEMENT | Complete Payment Details (New Accounts Only)

Debit this amount: \$. This is the maximum amount to be deducted at each centre where a balance occurs.
\$0.00 or Blank = No Limit

Payment Frequency:

Weekly Fortnightly Monthly 4 Weekly

Date of First Payment: / /
 D D M M Y Y

Duration: Continue regular debits until further notice (Minimum of Debits)

4. CHOOSE YOUR PAYMENT METHOD | Select and Complete Bank Account or Credit Card Details (One Only)

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 Pty Ltd. acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/We acknowledge that Ezidebit Goodstart Child will appear as the business name on my credit card statement. Direct Debits to Credits/Debit Cards will incur a Credit Card Surcharge (1.5% for Visa/MasterCards and 2% for American Express/Diners Cards).

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 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details stated above and as per the Ezidebit DDR Service Agreement (Ver 1.3) 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 1.3) and I/We have read and understand same.

Signature(s) of Nominated Account:

Date: / /
 D D M M Y Y
 DDR Service Agreement (Ver 1.5)



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 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 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 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

Family rights and responsibilities

Goodstart is committed to respectful and collaborative relationships with families and communities, as we work together to create a positive environment for children—both where they live and where they learn—to actively promote children’s wellbeing, learning and development.

Family rights

Goodstart educators are required to ensure practices in the centre respect families’ rights. At Goodstart our families have a right to:

1. Receive a quality early learning and care service that actively promotes their children’s wellbeing, learning and development
2. Have their privacy and confidentiality respected
3. Know what personal information is being collected, why it is being collected and have access to their records
4. A safe and supportive environment at their Centre
5. Visit the centre at any time during operating hours (subject to the requirements of Regulation 157 of the Education and Care Services National Regulations)
6. Participate in decision making and planning regarding their child’s learning and care, including any behaviour guidance, inclusion support, and medical management plans
7. Participate in the development, delivery and evaluation of the learning experiences and programs at the centre
8. Request their child is moved to a different room within the centre in consultation with the Centre Director, or refuse to participate in student training programs
9. Provide their consent to participate in research
10. Provide feedback, have any concerns addressed promptly and have issues resolved in a way that respects their privacy and complies with regulatory requirements and the Goodstart Family Complaint procedure
11. Receive regular communications about the Centre’s operations and their child’s wellbeing, learning and development
12. Be kept informed about:
 - a. Goodstart policies and procedures in accordance with section 168 of the Education and Care Services National Regulations (the Regulations)
 - b. Goodstart employees’ obligation to act to protect any child who is at risk of harm through reporting to regulatory authorities
 - c. their child’s educational program in accordance with regulation 73 - 76 of the Regulations
 - d. the centres’ rating under the National Quality Standard Assessment and Rating
 - e. the centres’ Quality Improvement Plan in accordance with regulation 31 of the Regulations
13. Be supported to understand documents, processes, policies and procedures at the centre, including accessing interpreting services

Family responsibilities

Goodstart educators are required to ensure practices at the centre support families’ responsibilities. At Goodstart our families have a responsibility to:

1. Ensure a safe and positive environment in the centre by being in control of their behaviour at all times and conducting themselves in a lawful, safe and responsible manner that respects the rights of others. Families must use appropriate language and volume of speech. The following behaviour towards any person are unacceptable: all forms of bullying, harassment, abuse, discrimination, actions that put another person at risk of harm, or threats of any kind. All unlawful actions will be reported to the appropriate authorities.
2. Respect the confidentiality of sensitive information and photographs relating to the centre, other families, children, and staff, at all times including on social media
3. Sign the attendance record each day your child is enrolled including days your child is absent
4. Ensure a suitably fit, authorised nominee collects your child from the centre within operating hours and inform the centre if alternative arrangements are made prior to collection
5. Participate in emergency procedures as directed by Goodstart employees
6. Immediately notify the Centre Director of any changes to your child’s:
 - a. personal details
 - b. emergency contact information or authorised nominees (see Emergency Contacts)
 - c. enrolment (see Enrolment Form)
 - d. health, medication or dietary requirements (see Medical Management Plan)
7. Raise any concerns about the centre, learning and care services, staff or other families directly with the Centre Director, Area Manager, State Manager or Family Support Team (in accordance with Family Complaint Procedure)
8. Share relevant information with educators to support the wellbeing, learning and development of your children
9. Not smoke and not consume or bring alcohol, illegal drugs or other dangerous goods to centres at any time
10. Respect the property of the centre and of children, families and staff
11. Pay fees on time in accordance with the payment terms and conditions outlined in the Enrolment Form
12. Understand the Goodstart Family Handbook and Enrolment Form, and comply with Goodstart policies, procedures and requirements.

Goodstart will work with families to resolve issues and remind family members that they have agreed to comply with these responsibilities by signing the Goodstart Enrolment Form. Goodstart can exclude individual adults from a centre. If an adult is excluded from a centre, the child’s enrolment will not be affected and families would be required to make arrangements for the safe delivery and collection of the child to the centre by another person.

I agree to act in accordance with the Goodstart family rights and responsibilities listed above.

Parent/guardian/person with parental responsibility

Signature:

Name:

Date: / /

Parent/guardian/person with parental responsibility

Signature:

Name:

Date: / /



Who is Goodstart?

Goodstart was created by a partnership of four of Australia's leading not-for-profit organisations who wanted to address one of the key sources of many societal problems — poor early childhood experiences. The group believes that access to quality early learning has the potential to transform Australia.

**MISSION
AUSTRALIA**

benevolent
SOCIETY

S V A
social ventures australia


Brotherhood
of St Laurence
Working for an Australia free of poverty

Our vision is for Australia's children to have the best possible start in life.

For more information about Goodstart visit:

www.goodstart.org.au | Ph 1800 222 543

or contact your local Centre Director.



*At Goodstart, children are at the heart of everything we do.
As a not-for-profit organisation, we are committed to investing our
profits in improved early learning resources, facilities and staff training.*

Whilst we have made every effort to ensure that the contents of this enrolment form are accurate and reflect current practices, Goodstart advises that policies, dates, conditions and other information detailed herein are subject to change. Please contact your Centre Director at any time during your child's enrolment for up-to-date information.

Information correct at October 2015.

Goodstart acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the Land, and pays respect to Elders past and present.