



**ST HILDA'S SCHOOL
GOLD COAST**

APPLICATION FOR OUTSIDE SCHOOL HOURS OR VACATION CARE

Before/After School Care

Vacation Care

Children/s Information

1. Student's Surname _____ Given Names _____
 Gender **Male / Female** Class _____ Date of Birth _____ Child's Customer Reference Number _____
2. Student's Surname _____ Given Names _____
 Gender **Male / Female** Class _____ Date of Birth _____ Child's Customer Reference Number _____
3. Student's Surname _____ Given Names _____
 Gender **Male / Female** Class _____ Date of Birth _____ Child's Customer Reference Number _____

Parent Information

- Parent 1 Surname: _____ Parent 1 First Name: _____
 Residential Address: _____ Postcode: _____
 Email Address: _____ Date of Birth: _____
 Telephone (Home): _____ Telephone (Work): _____
 Mobile: _____ Parent's Customer Reference Number: _____
- Parent 2 Surname: _____ Parent 2 First Name: _____
 Residential Address: _____ Postcode: _____
 Email Address: _____ Date of Birth: _____
 Telephone (Home): _____ Telephone (Work): _____
 Mobile: _____ Parent's Customer Reference Number: _____

Parental Status

- Parents are Married Separated* Divorced* DeFacto Deceased
 Student lives with* Both Mother Father Step-.... Guardian

***NB: If a Court Order exists in relation to custody, or limiting access or dissemination of information to a parent, a copy of that Court Order MUST be provided**

Priority of Access *(tick only one box)*

- Child at Risk
- Child of a Single Parent, working and/or studying
- Child of Parents who are both working and/or studying
- Any other children

Additional Authorised Pick Up/Emergency Contact

I authorise this contact to:

- Collect my child. I will attempt to contact the service prior to their arrival
- Be contacted, if all attempts to contact myself fail, in case of accident, or emergency
- Collect my child from the service should my child become ill whilst in care

	Name	Relationship to Child	Home Phone	Mobile Phone
1.				
2.				
3.				
4.				

Medical Information

Medicare Number _____ Are vaccinations up to date? _____

Doctor's Name _____ Please attach a copy of the immunization records: _____

Surgery Address _____ Doctor's Phone Number _____

Allergies or illnesses _____ Treatment or medication _____

Special Needs *(e.g. hearing, visual, physical)* _____

Does your child require special management strategies? _____

Cultural Background

Country of Birth _____ Primary Language _____

Any cultural or religious requirements that must be observed *e.g. Diet or religious practice* _____

Publicity

You agree that images, videos & testimonials of your daughter may be used in St Hilda's OSHC publications (including websites) and for promotional and publicity purposes: _____ Please indicate YES / NO

Fees

1. All fees must be paid in full – Charges are as follows:

Before School Care	\$15
After School Care	\$20
Casual After School Care	\$25
2. Please be aware that **refunds** for non-attendance will only be given **if notice is received 48 hours prior** to the scheduled booking.
Please contact OSHC on 0428 639706 or email OSHC@sthildas.qld.edu.au
3. Collection of children after 6 pm will incur a **LATE FEE of \$20 until 6.15 pm and a fee of \$1 per minute** thereafter.
4. We encourage reserving places **Vacation Care** as soon as possible as some days may be unavailable. Vacation care fees are to be paid at time of booking.

Behaviour Management

St Hilda's OSHC staff have a Duty of Care to all who attend and work within the service. Any inappropriate behaviour or actions (such as inappropriate language/actions, deliberate harm to another person or facilities, disrespectful behaviour towards staff or their instructions), or behaviour which threatens the safety and/or wellbeing of any persons within St Hilda's OSHC will be addressed immediately.

An incident report will be written and signed by the attending staff member and provided to the parent for their signature.

[Click here to read the Behaviour Guidance Policy and Procedure.](#)

OSHC ACTIVITY – Activities in St Hilda’s School Grounds

Throughout the course of the year, children enrolled in OSHC may be escorted by OSHC Educators to activities within the St Hilda’s School grounds. Locations include: Junior School Buildings and grounds including - Multi-Purpose Centre, Gymnasium, Junior School Library, Caedmon Centre, Junior School Grass Field, Junior School Playgrounds.

To view the Terms & Conditions, please read the [Terms & Conditions – Risk Identification and Permission Form OSHC Activities](#).

By signing below you accept the associated Terms & Conditions to enable your child to participate in the activities.

Permission to seek Medical Attention

In the event of an accident or illness, where it is impractical to communicate with me, I authorise the teacher in charge to seek such medical treatment deemed necessary.

Signature of Parents

Signed by Parent 1 Signature Date

Full Name

Signed by Parent 2 Signature Date

Full Name

Please return to St Hilda’s Junior School Reception/ Enrolment Department/OSHC

Bookings can be made via email: OSHC@sthildas.qld.edu.au

Tel: 0428 639 706

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Direct Debit Request - Authorisation Form

Customer Details

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Child's Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Email Address:	<input type="text"/>		

Select from the Following

New Account Change Account Details

Payment Details

Payment Limit Amount: This is the maximum amount to deduct at each centre where a balance occurs

Surcharge: Visa/MasterCard: AMEX: Bank Account: Admin Fee:

Payment frequency: Fortnightly 4-Weekly

First Payment Date: / / **Reversal Fee:**

Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):

Account Name:

BSB Number:

Account Number:



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 518466 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

Credit Card

Please charge my payments to my: Visa MasterCard AMEX

Card number:

Expiry Date: / Name on Card:

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



ABN 32 095 551 581
APCA ID 518466 | AFSL 338256

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 518466 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.

DISHONOURED 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