

PRIVACY

CAMP AUSTRALIA IS COLLECTING THIS INFORMATION FOR THE PURPOSE OF REGISTERING YOUR CHILD/CHILDREN WITH CAMP AUSTRALIA. The information will be used for administration purposes and to contact you in the event of an emergency, or purposes directly related to Camp Australia. It will not be disclosed to any other party except as required by law. If you fail to provide this information, the enrolment may not be processed. You may access this information by contacting the Camp Australia Head Office.

METHOD OF PAYMENT

Payment is made via Direct Debit from your bank account or credit card.

- Before each payment a record of usage and calculation of outstanding amounts will be issued
- If you have any changes to your banking details, you must notify Camp Australia by calling 1 300 105 343. Failure to do so may result in additional charges
- By completing the payment details below and signing either the Direct Debit or Credit Card authorisation, you are accepting the conditions of payment.

IN ORDER TO PROCESS YOUR ENROLMENT, YOU MUST PROVIDE A VALID CREDIT CARD OR DIRECT DEBIT INFORMATION. ENROLMENTS WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION.

CREDIT CARD PAYMENT AUTHORITY

I/WE AUTHORISE AND REQUEST CAMP AUSTRALIA PTY LTD TO DEBIT THE CREDIT CARD SPECIFIED THROUGH THE BULK ELECTRONIC CLEARING SYSTEM (BECS USER ID: 165969) IN ACCORDANCE WITH MY INVOICE OR STATEMENT

Visa: Mastercard:

Card Number: / / / Expiry Date: / /

Cardholder's Name:

Card Holder's Signature:

OR VIA DIRECT DEBIT

I/WE AUTHORISE AND REQUEST CAMP AUSTRALIA PTY LTD TO DEBIT THE BANK ACCOUNT SPECIFIED THROUGH THE BULK ELECTRONIC CLEARING SYSTEM (BECS USER ID: 165969) IN ACCORDANCE WITH MY INVOICE OR STATEMENT

Name of Financial Institution:

Branch: BSB: Account Number:

Account Name:

Signature(s): i) ii)

OSHC TERMS AND CONDITIONS

1. I, the undersigned, approve of my child's involvement in Camp Australia's Outside School Hours Care (OSHC) Service and have read the Terms and Conditions on this form.
2. I give permission for my children to participate in activities organised for the days my child will be attending, including watching G Rated videos/movies.
3. I authorise staff, in the event of accident or illness, to obtain all necessary medical assistance and treatment for my child and agree to meet any expenses attached to such treatment.
4. I acknowledge that my child will not attend the Service if suffering from an infectious or communicable disease as identified by the Department of Health.
5. Except as otherwise expressly required by law, Camp Australia do not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the Service due to any cause whatsoever unless caused by the proven negligence of Camp Australia, its Directors or employees.
6. I authorise staff to apply sunscreen to my child if I do not provide such.
7. I understand that if my child continuously demonstrates inappropriate behaviour after guidance procedures have been followed, I will be notified and my child may be removed, suspended for a period to be determined or excluded permanently from the Service.
8. I understand a late pick up charge of \$15.00 per 15 minutes or part thereof, per child, applies after the Service finishing time.
9. All Camp Australia Services must be paid via Direct Debit from a Bank Account or Credit Card.
10. I agree to pay for all of the days my child is successfully enrolled in (and not cancelled within the relevant time frame), regardless of whether my child actually attends.
11. The information I have provided is true and correct, and I have provided Centrelink with this same information.
12. I am responsible for communicating this information to Centrelink.
13. I understand that if any details are incorrect then full fees are payable by me for use of the Service until the details are corrected by Centrelink.
14. I understand that if my Account is not paid in full by the due date, my child's enrolment and booked sessions may be in jeopardy, and may be subject to exclusion from the Service.
15. Camp Australia reserves the right to amend Terms and Conditions.
16. By enrolling your child/children you authorise Camp Australia to use for publicity and advertising purposes, photographs of participants taken at the Service. (Please inform the Service Co-Ordinator if your child/children cannot be photographed).

Parent/Guardian Signature: Date: / /

TO CONFIRM YOUR ENROLMENT, THIS SECTION MUST BE COMPLETED IN FULL.

CAMP AUSTRALIA PTY LTD
ABN 96 060 703 120

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Glen Iris Vic 3146
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E oshc@campastralia.com.au
F 03 9859 7199

EVENTS

SPORTS COACHING

SPORTS CAMPS

HOLIDAY CLUBS



We Make Kids Smile



Outside School Hours Care Service Enrolment Form

Please complete this Enrolment Form and return it to Camp Australia at the address listed overleaf.

Please note: This Enrolment Form must be completed before the OUTSIDE SCHOOL HOURS CARE (OSHC) service can be utilised.

WE CAN'T WAIT TO HAVE YOU JOIN US.

ENROL ONLINE AND SAVE TIME!

www.campastralia.com.au

PARENT/GUARDIAN DETAILS (ACCOUNT HOLDER)

Email:

For your convenience and to save on unnecessary paper usage, we will communicate with you via email where possible.

Title: First Name: Last Name:

Postal/Street Address:

Suburb: State: Postcode:

Mobile: Home Ph:

Work Ph: Relationship to child:

Date of birth: / / Parent CRN:*

Employer:

Work Address:

*Camp Australia requires the Date of Birth and Centrelink Customer Reference Number (CRN) for the Account Holder. This is for the purpose of linking for Child Care Benefit and the Child Care Rebate.

EVENTS

SPORTS COACHING

SPORTS CAMPS

HOLIDAY CLUBS

OSHC ENROLMENT FORM

Please complete all INFORMATION on this form in BLOCK LETTERS.

Name of Camp Australia OSHC Service

CHILD DETAILS

1ST CHILD

First name: Last name: Male/Female:

Address: Suburb: State:

Postcode: Date of birth: / / Child CRN:

2ND CHILD

First name: Last name: Male/Female:

Address: Suburb: State:

Postcode: Date of birth: / / Child CRN:

PARENT/GUARDIAN DETAILS

PARENT/GUARDIAN #2

Email:

Title: First name: Last name:

Postal/Street Address:

Suburb: State: Postcode:

Mobile: Home Ph:

Work Ph: Employer:

Work Address: Relationship to child:

Date of birth: / / Parent CRN:*

EMERGENCY CONTACT

Email:

Title: First name: Last name:

Postal/Street Address:

Suburb: State: Postcode:

Mobile: Home Ph:

Work Ph: Employer:

Work Address: Relationship to child:

OTHER EMERGENCY CONTACTS/PEOPLE AUTHORISED TO COLLECT YOUR CHILD/CHILDREN

a) Title: First name: Last name:

Contact Ph: Relationship to child:

Postal/Street Address:

Suburb: State: Postcode: Collect: Emergency:

b) Title: First name: Last name:

Contact Ph: Relationship to child:

Postal/Street Address:

Suburb: State: Postcode: Collect: Emergency:

BACKGROUND/FAMILY INFORMATION

Are there any court orders that affect any of the children listed on this enrolment application?

No: Yes: Custody documents must be provided to the Service to enable enforcement.
Please also ensure that any changes to custody documents are forwarded to Camp Australia.

Primary Language spoken at home:

English: Other:

Are there any religious, cultural or other considerations that our carers should be aware of?

CONFIDENTIAL MEDICAL REPORT

Please indicate whether your child/children have any known or suspected special needs – please tick Yes or No for each of the following:

1ST CHILD

Physical needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medication needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational needs: Yes <input type="checkbox"/> No <input type="checkbox"/>
Behavioral needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dietary requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other special needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Anaphylaxis: Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma: Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes: Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the child been immunised: Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunisation Certificate submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered yes to any of the above, please provide full details of those needs and any assessment/intervention/support that he/she may be currently receiving (Supporting documentation and/or Medical Management Plan must be provided).

2ND CHILD

Physical needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medication needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational needs: Yes <input type="checkbox"/> No <input type="checkbox"/>
Behavioral needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dietary requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other special needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Anaphylaxis: Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma: Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes: Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the child been immunised: Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunisation Certificate submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered yes to any of the above, please provide full details of those needs and any assessment/intervention/support that he/she may be currently receiving (Supporting documentation and/or Medical Management Plan must be provided).

Health fund name: Health fund number:

Medicare number: Ambulance membership number:

Preferred Doctor: Telephone:

Street Address:

Suburb: State: Postcode:

BOOKING INFORMATION

PERMANENT BOOKINGS: For children who will constantly use the Service on specific days please complete the schedule under 'Permanent Bookings only'. Please note that a Permanent Booking is considered to be at least one session per week for an entire term or more than 15 sessions in one booking. Bookings that do not fit within this classification will be classed as Casual Bookings.

CASUAL BOOKINGS: Casual Bookings are all those which do not fit within the guidelines of the afore mentioned 'Permanent Booking'.

CANCELLATIONS: Cancellation of any bookings must be made (1) week prior to the scheduled date of attendance, otherwise a full fee will be charged.

ENROLMENT FEE: An annual Enrolment Fee applies to each family enrolment. This fee will be charged once your enrolment is processed by Camp Australia.

PERMANENT BOOKINGS ONLY

TO MAKE A PERMANENT BOOKING, PLEASE COMPLETE THE DATE INFORMATION AND WRITE YOUR CHILD(S) NAMES IN THE RELEVANT BOXES

Start date: / / End date: / /

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
After School Care:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CASUAL BOOKINGS ONLY

For children who do not come consistently on the same days, Casual Bookings must be made more than 1 day before the care is required. These places can fill quickly and therefore cannot be guaranteed. To make a casual booking please ensure you have registered on the Camp Australia website at www.campastralia.com.au where you can make and change your bookings, or ring our Customer Service Team on **1300 105 343**.

CHILD CARE BENEFIT

To ensure that you are linked to our Service through the Child Care Management System (CCMS) and to have Child Care Benefit (CCB) applied to your child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parent and child. You must then provide accurate parent and child CRN and date of birth information to Camp Australia to ensure your account is linked to CCMS.