

## PRIVACY

CAMP AUSTRALIA IS COLLECTING THIS INFORMATION FOR THE PURPOSE OF ENROLLING YOUR CHILD FOR THE OUTSIDE SCHOOL HOURS CARE SERVICE.

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 YOU CAN PAY 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 1300 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.**

### 1. BANK ACCOUNT

I 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)

### OR - 2. CREDIT CARD

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

Card Number:  /  /  /  Expiry Date:  /  /

Card Holder's Name:

Card Holder's Signature:

## PARENT/GUARDIAN DECLARATION

1. I, the undersigned, approve of my child's involvement in Camp Australia's Outside School Hours (OSHC) Service and have read all 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 does 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 OSHC 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 fully 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 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.
9. The information I have provided is true and correct, and I have provided Centrelink with this same information.
10. I am responsible for communicating this information to Centrelink.
11. 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.
12. I agree to pay the required fees for my child's booked childcare a minimum of one week in advance.
13. 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.

Parent/Guardian Signature:

Date:  /  /

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

**CAMP AUSTRALIA PTY LTD**  
ABN 96 060 703 120

1731 Malvern Road  
Glen Iris Vic 3146  
P: 1300 105 343

F: 03 9859 7199  
E: oshc@campaustralia.com.au  
W: www.campastralia.com.au



# Outside School Hours Care Service Enrolment Form

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

*Please note: This Enrolment Form must be completed before the OSHC Service can be utilised.*

**WE CAN'T WAIT TO HAVE YOU JOIN US.**

## SO ENROL NOW!

OSHC WITH CAMP AUSTRALIA IS QUALITY, SAFE, ENGAGING & FUN.

### CAMP AUSTRALIA OSHC SERVICE

### 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 CCTR.



### CAMP AUSTRALIA PTY LTD

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We Make Kids Smile

# OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM

Parent/Guardian must complete ALL REQUESTED INFORMATION on this form in BLOCK LETTERS. ON CONFIRMATION OF ENROLMENT YOU WILL RECEIVE A PARENT HANDBOOK.



## CHILD DETAILS

### 1ST CHILD

First Name:  Last Name:   
 School Name:  Year Level & Class:   
 Male/Female:  Date of birth:  /  /  CRN:

### 2ND CHILD

First Name:  Last Name:   
 School Name:  Year Level & Class:   
 Male/Female:  Date of birth:  /  /  CRN:

## 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) one week prior to the scheduled date of attendance, otherwise the full fee will be charged.

**ENROLMENT FEE:** An annual \$20.00 Enrolment Fee applies to each family Enrolment. This Fee will be charged once your Enrolment is confirmed 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 care is required, otherwise Emergency Fee Rates apply (Thursday for Monday bookings). These places can fill quickly and therefore cannot be guaranteed. To make a Casual Booking, please contact our Customer Service Team on 1300 105 343 or email your booking to Camp Australia via [oshc@campaustralia.com.au](mailto:oshc@campaustralia.com.au)

## CONFIDENTIAL MEDICAL REPORT

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

### 1ST CHILD

Physical needs: Yes  No  Medication needs: Yes  No  Educational needs: Yes  No   
 Behavioural needs: Yes  No  Allergies: Yes  No  Dietary requirements: Yes  No   
 Any other special needs: Yes  No  Immunisation Certificate submitted: Yes  No

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  No  Medication needs: Yes  No  Educational needs: Yes  No   
 Behavioural needs: Yes  No  Allergies: Yes  No  Dietary requirements: Yes  No   
 Any other special needs: Yes  No  Immunisation Certificate submitted: Yes  No

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).

Medicare #:  Ambulance Membership #:   
 Preferred Doctor:  Ph:   
 Street Address:   
 Suburb:  State:  Postcode:   
 Health Fund Name:  Membership #:

## BACKGROUND INFORMATION

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

No:  Yes:  Custody documents must be provided as an attachment to be enforced

Reason for using the program:

Parent/Guardian is Working/Studying:  Respite:  Recreation:

Primary Language spoken at home:

English:  Other:

Childrens interests:

PLEASE OUTLINE ANY SPECIAL INTERESTS WE MAY BE ABLE TO INCORPORATE INTO THE PROGRAM:

PLEASE SPECIFY IF THERE ARE CULTURAL, RELIGIOUS OR OTHER CONSIDERATIONS OUR CARERS SHOULD BE AWARE OF:

## ADDITIONAL ADULT CONTACT DETAILS / PEOPLE AUTHORISED TO COLLECT YOUR CHILD/REN

### PARENT/GUARDIAN #2

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:   
 Employer:   
 Work Address:

### OTHER CONTACTS

a) Title:  First Name:  Last Name:   
 Address:   
 Contact Ph:  Contact Ph:   
 b) Title:  First Name:  Last Name:   
 Address:   
 Contact Ph:  Contact Ph:

## CHILD CARE BENEFIT A FORM OF DISCOUNT ON APPROVED SERVICES THAT YOU CAN RECEIVE ON YOUR FEES (IF APPLICABLE)

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 who are registered for CCB.