

WILLIAM CLARKE LOOKING FOR BAASC

PURPOSE OF THIS FORM

*If you are a parent or carer use
this form to:*

- Apply for your child to enter BAASC at William Clarke College, and
- Make a change to an existing booking at BAASC, and
- Confirm payment Authority

FILLING IN THIS FORM

Please fill out this form manually:

- Please use black or blue pen
- Print in BLOCK LETTERS

WILLIAM CLARKE COLLEGE BEFORE AND AFTER SCHOOL CARE

M. 0409 308 835
E. BAASC@wcc.nsw.edu.au



PLEASE NOTE

The procedures that have been outlined in this information booklet are strictly enforced. Applications for variations to these procedures should be addressed, in writing, to the BAASC Co-ordinator in the first instance.

No staff members have the authority to alter any of these procedures.

The College hopes that you and your children find the Centre to be a happy and safe environment.



BEFORE AND AFTER SCHOOL CARE BOOKING FORM

Please complete this form to book or change a booking for your child by ticking the appropriate box(es).

CHILD'S DETAILS

Child's family name

First name

Commencing from

<input type="text"/>	<input type="text"/>	<input type="text"/>
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ADDING A PERMANENT BOOKING

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CANCELLING A PERMANENT BOOKING

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MY CHILD WILL BE AWAY (PLEASE WRITE DATES)

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADD A CASUAL BOOKING

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSFERRING A PERMANENT BOOKING WITHIN A WEEK

PLEASE USE THE FOLLOWING INITIALS: (+T) TO TRANSFER TO AND (-T) TO TRANSFER FROM

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/We hereby give permission for appropriate medical care and attention to be given to my child in the event of any accident or emergency as set out in the Information Booklet. This includes calling an ambulance and the transportation of my child by ambulance to the hospital.

I/We understand my child may attend casual bookings, as required from time to time, in addition to the above bookings.

I/We have read and understand the Information Booklet which includes our current schedule of fees and is part of this enrolment form.

Father / Guardian 1

Date

Mother / Guardian 2

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Office Use Only

Parent's Code

Child's Code

<input type="text"/>	<input type="text"/>
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BEFORE AND AFTER SCHOOL CARE PAYMENT AUTHORITY

DIRECT DEBIT REQUEST

Lodgement of a Direct Debit authority is a condition of enrolment at Before and After School Care and Vacation Care. Please complete the Mastercard or Visa Direct Debit Request section below.

Charges to your account will be based on your bookings and attendance at the Centre. Fees will be charged to your nominated account twice per term after reductions have been made for any Child Care Subsidy entitlements advised to us by Centrelink. You will be advised of the fees to be charged by the issue of your Statement.

PARENT'S DETAILS

Family name

First name

Name(s) of Children at Centre

Home address

Suburb

State

Postcode

Phone

AUTHORITY

I request and authorise **William Clarke College** ABN: 83 169 319 110 to arrange, through its own financial institution, a debit to my nominated account for any amount **William Clarke College** has deemed payable by me for BAASC attendances unless otherwise notified. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my account held at the financial institution I have nominated below and will be subject to the terms and conditions of the **Direct Debit Service Agreement**.

Card Type

Mastercard

Visa

Card Number

Name on Card

Expiry Date (mm/yy)

ACKNOWLEDGEMENT

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **William Clarke College** as set out in this Request and the Direct Debit Request Service Agreement.

Name

Signature

Date (dd/mm/yyyy)

SECOND SIGNATORY (IF JOINT ACCOUNT)

Name

Signature

Date (dd/mm/yyyy)

BEFORE AND AFTER SCHOOL CARE PAYMENT AUTHORITY

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is your Direct Debit Service Agreement with William Clarke College, ABN 83 169 319 110. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

DEFINITIONS

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and you.

us or **we** means William Clarke College you have authorised by requesting a Direct Debit Request.

you means the customer who has signed or authorised by other means the Direct Debit Request.

your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.

1. DEBITING YOUR ACCOUNT

1.1 By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.

or

We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.

1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. AMENDMENTS BY US

2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.

3. AMENDMENTS BY YOU

3.1 You may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by writing to:

William Clarke College, Fee Account Manager, fees@wcc.nsw.edu.au

Or by telephoning us on **8882 2403** during business hours;

*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us **William Clarke College** of your new account details.

4. YOUR OBLIGATIONS

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

- you may be charged a fee and/or interest by your financial institution;
- you may also incur fees or charges imposed or incurred by us; and
- you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

5. DISPUTE

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on **8882 2403** or **fees@wcc.nsw.edu.au** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution.

5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

6. ACCOUNTS

You should check:

- with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

7. CONFIDENTIALITY

7.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to 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.

7.2 We will only disclose information that we have about you:

- to the extent specifically required by law; or
- for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. NOTICE

If you wish to notify us in writing about anything relating to this agreement, you should write to:

William Clarke College

Fee Account Manager

PO Box 6010

Baulkham Hills Business Centre 2153

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.

8.3 Any notice will be deemed to have been received on the third banking day after posting.

Provider: The William Branwhite Clarke College Council

Address: PO Box 6010 Baulkham Hills, NSW, 1755

T. (02) 8882 2100

BEFORE AND AFTER SCHOOL CARE ENROLMENT FORM

Please complete one form per child.

1. CHILD'S DETAILS

Child's first name/s

Child's family name

Date of birth (dd/mm/yyyy)

Grade

Gender Male Female

Home address

Suburb

State

Postcode

Home phone

School attending

With whom does the student live?

- Both parents Mainly Mother
 Mainly Father Legal Guardian
 Other (please specify)

Who is to receive BAASCC correspondence?

- Both parents at one address Both parents at separate addresses
 Mother only Father only
 Other (please specify)

Child's cultural background

Parent's cultural background

Languages spoken at home

Special dietary requirements

2. FAMILY / GUARDIAN INFORMATION

Mother's first name/s

Mother's family name

If not the mother, please specify relationship

Home address

Suburb

State

Postcode

Home phone

Work phone

Mobile

Email

Father's first name/s

Father's family name

If not the father, please specify relationship

Home address

Suburb

State

Postcode

Home phone

Work phone

Mobile

Email

Office Use Only

Parent's Code

Child's Code

BEFORE AND AFTER SCHOOL CARE ENROLMENT FORM CONTINUED

3. NON CUSTODIAL PARENT (A NATURAL PARENT NOT LIVING WITH THE STUDENT)

First name/s

Family name

Home address

Suburb

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are there any Court orders, Parenting Orders or Parenting plans in force in regards to the child? Yes No

If yes, please attach a copy of the Order

4. CHILD CARE SUBSIDY

Please select one of the following:

A. I INTEND TO CLAIM CHILD CARE SUBSIDY (CCS)

Detail of parent (only one parent to be nominated for CCS purposes)

First name/s

Family name

Customer Reference Number (CRN)

Parent's date of birth (dd/mm/yyyy)

Child's first name/s

Child's family name

Customer Reference Number (CRN) *Please note children have their own unique CRN

Child's date of birth (dd/mm/yyyy)

OR

B. I DO NOT INTEND TO CLAIM CHILD CARE SUBSIDY (CCS)

5. AUTHORISED COLLECTORS AND EMERGENCY NUMBERS

Please list the names and contact details of those authorised to collect, provide authority to administer medication and consent to medical treatment in the case of an emergency when the parents are unavailable. Children will only be released to the authorised nominees.

A. FIRST AUTHORISED

Name

Home address

Suburb

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home phone

Work phone

<input type="text"/>	<input type="text"/>
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Mobile

Relationship to child

Authorised to collect

Authorised to authorise the Co-ordinator to take the child offsite eg: excursion

Authorised to provide permission for medication

Authorised to consent to medical treatment

B. SECOND AUTHORISED

Name

Home address

Suburb

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home phone

Work phone

<input type="text"/>	<input type="text"/>
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Mobile

Relationship to child

Authorised to collect

Authorised to authorise the Co-ordinator to take the child offsite eg: excursion

Authorised to provide permission for medication

Authorised to consent to medical treatment

BEFORE AND AFTER SCHOOL CARE ENROLMENT FORM CONTINUED

C. THIRD AUTHORISED

Name

Home address

Suburb

State

Postcode

Home phone

Work phone

Mobile

Relationship to child

- Authorised to collect
- Authorised to authorise the Co-ordinator to take the child offsite eg: excursion
- Authorised to provide permission for medication
- Authorised to consent to medical treatment

My child has the following hobbies and interests:

My child does not enjoy these activities

As a family we enjoy doing the following together

My child does enjoy eating these foods

My child does not enjoy eating these foods

6. INFORMATION ABOUT CHILD

In order to help us support and assist your child, please complete the information below.

Does your child have any learning, behaviour, educational or other special needs

Yes No

Please provide details

7. OPTIONAL SURVEY

It would help us a great deal for our future development if you could answer these brief questions:

How did you hear about William Clarke College Before and After School Care (BAASC) and Vacation Care Centre?

- Friends
- Neighbours
- Advertising
- Other (please specify)

Please indicate the main reasons as to why you are applying for a place in BAASC

- Reputation of the BAASC
- Affordability
- Physical resources
- Centre's Programs
- Partnerships with families and community links

Please also complete the BAASC and Vacation Care Medical Details Form.

Your child will not be able to commence care without this form.

BAASC & VACATION CARE MEDICAL DETAILS

Please complete one form per child.

1. CHILD'S DETAILS

Child's first name/s

Child's family name

Date of birth (dd/mm/yyyy)

Grade

Home phone

2. FAMILY / GUARDIAN INFORMATION

Mother's first name/s

Mother's family name

If not the mother, please specify relationship

Daytime phone

Mobile

Father's first name/s

Father's family name

If not the father, please specify relationship

Daytime phone

Mobile

3. EMERGENCY CONTACTS

CONTACT 1

Name

Relationship

Daytime phone

Mobile

CONTACT 2

Name

Relationship

Daytime phone

Mobile

4. MEDICAL DETAILS

Doctor's name

Practice name

Phone

Blood group

Medicare No.

Position on card

Expiry (dd/mm/yyyy)

Private Health Fund

Fund Membership No.

5. IMMUNISATION DETAILS

Please attach a copy of your child's Immunisation history statement

This must be in the form of:

- An Australian Childhood Immunisation Register (ACIR) Immunisation History Statement
- An ACIR Immunisation Exemption Conscientious Objection Form
- An ACIR Immunisation Exemption - Medical Contraindication Form
- An ACIR Immunisation History Form on which the immunisation provider has certified that the child is on a registered catch-up schedule

(www.health.nsw.gov.au/immunisation/pages/childcare_qa.aspx)

BAASC & VACATION CARE MEDICAL DETAILS CONTINUED

6. MEDICAL CONDITIONS

Diagnosed Medical Conditions

Abnormal Drug Reactions

Allergies

Prescribed Medications

Special Dietary Requirements (cultural, religious, additional needs)

Medications/Treatments permitted to be administered eg Ventolin, EpiPen

Other health or medical conditions or ongoing/long term illnesses not already detailed on this form

If your child has Asthma or Anaphylaxis please attach a copy of the Management Form

- Asthma Plan
- Standard Action Plan
- Specific Action Plan

- Anaphylaxis Plan

AUTHORISATION

I agree to Emergency First Aid Treatment being given when necessary. If I, or any of the people named above are unable to be contacted.

I,

direct the Headmaster of William Clarke College, or his delegate, to act on my behalf in providing authorisation for necessary emergency medical treatment. This authorisation extends to transportation by ambulance, administration of anaesthetic, necessary surgical operation and blood transfusion.

Signed

Date (dd/mm/yyyy)

Office Use Only

Medical Alert

Parent's Code

Child's Code