



# GREENVUE KINDERGARTEN

Email: [office@greeenvue.com.au](mailto:office@greeenvue.com.au)

Phone: 03 9749 6262

Web: [www.greeenvue.com.au](http://www.greeenvue.com.au)

## ENROLMENT RECORD

Have you submitted the following required documents along with this Enrolment Form:

- Proof of Age   
  Proof of Immunisation   
  Proof of Address   
  Family Court Orders *(if applicable)*  
 Payment Form   
  Additional Needs Assessment   
  Proof of Subsidy Status   
  Medical Condition Action Plan *(if applicable)*

Kinder Drop Off Time  
8:00am - 9:30am

Kinder Pick Up Time  
3:30pm - 5:00pm

**GROUP:**     PreKinder (Koala Room)     Kinder (Kanragoo Room)

**DAYS:**     Monday     Thursday  
 Tuesday     Friday  
 Wednesday

### CHILD DETAILS:

First Name:	Date of Birth:    date / month / year
Last Name:	Child's Medicare Number:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Child's Centrelink Number:
Child's Home Address:	

### PARENT / GUARDIAN DETAILS: *(All correspondence will be sent to Primary Parent / Guardian 1)*

Primary Parent / Guardian 1	Secondary Parent / Guardian 2
First Name:	First Name:
Last Name:	Last Name:
Relation to Child:	Relation to Child:
Date of Birth:    date / month / year	Date of Birth:    date / month / year
Centrelink Number:	Centrelink Number:
First Spoken Language:	First Spoken Language:
Highest Qualification:	Highest Qualification:
Current Occupation:	Current Occupation:
Work Phone Number:	Work Phone Number:
Home Phone Number:	Home Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Email Address:	Email Address:
Home Address:	Home Address:
Child lives with Parent / Guardian 1: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child lives with Parent / Guardian 2: <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to receive kinder newsletters via email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to receive your fortnightly statements via email?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**MUNICIPAL TIE:**

Do you live, work, study or use childcare in the City of Wyndham?

- I am a resident of Wyndham and have attached proof of address.
- I will be moving to Wyndham and have attached a copy of the building permit or rates notice.
- I am not a resident of Wyndham, but I work or study within the municipality. I have attached a copy of my payslip or evidence of my school/university enrolment.
- I am not a resident of Wyndham, but my child attends childcare within the municipality. I have attached a copy of my childcare receipt.
- None of the above.

**CHILD INFORMATION:**

Did your child attend a funded kindergarten program in the previous year?  Yes  No

Did you withdraw your child from attending a funded Kindergarten program in the previous year?  Yes  No

Has your child had their 3 ½ year Maternal and Child Health check?  Yes  No

Does your child have a medical condition?  Yes  No

Does your child have any special needs or a medical diagnosis?  Yes  No

Is your child commencing or awaiting a medical diagnosis?  Yes  No

***If yes, please provide any relevant documentation and/or information.***

Are there currently any specialist agencies involved with your child e.g. Early Intervention?  Yes  No

*If yes, please provide contact details below and attach any relevant documentation.*

Agency & Contact Name:

Contact Number:

Is the Department of Health & Human Services or a similar support agency involved with your child?  Yes  No

*If yes, please provide contact details below and attach any relevant documentation.*

Agency & Contact Name:

Contact Number:

Are there any court orders, parenting orders or parenting plans in place?  Yes  No

*If yes, please attach any relevant documentation.*

Has your child received Early Start Kindergarten funding?  Yes  No

*If yes, please attach proof of enrolment.*

Is your child of Aboriginal descent?

Yes  No

Is your child of Torres Strait descent?

Yes  No

Please provide the name, address and telephone number of the child's registered medical practitioner or medical service:

**SIBLINGS:**

Did/Will any siblings attend Greenvue Kindergarten in previous/this year(s)?  Yes  No

*If yes, please provide details:*

**ADDITIONAL NEEDS / INFORMATION:**

Please provide any additional information regarding your child that would assist us in providing the best possible education & care, e.g., details of any Allergies, Medical, Physical, Social, Religious, Dietary, Developmental needs?

Please provide information regarding the cultural background of the child and, if applicable, the child's parents:

**2023 FEE SCHEDULE:**

<b>Fortnightly Payments</b>	<b>All Pre-Kinder &amp; Kinder Groups</b>
<i>Program Fees</i>	\$14.29 x 9 hours per session

**Please note:** Actual Out of Pocket fee payment is determined by your Child Care Subsidy (CCS) entitlements received by our service. All children enrolled at our service as a condition of enrolment must not be enrolled at or attending a State Funded Kinder Program at any other service in the State of Victoria.

**DECLARATION & CONSENT:**

- I declare that I am a person with lawful authority of the child referred to in this enrolment form;
- I declare that the information in this enrolment form is true and correct to the best of my knowledge, and I will undertake to immediately inform the service in the event of any change to this information;
- I declare that the child referred to in this enrolment form will not be attending a state funded kinder program at any other service;
- I agree to collect or make arrangements for collection my child if he/she becomes unwell at the service;
- I agree to the payment of Application Fee of \$80 for the PreKinder/Kinder Program, which is only refundable if Greenvue Kindergarten does not issue an Enrolment Confirmation Letter for your child within 10 weeks of Application submission.
- I agree to give two full weeks notice for the cancellation/withdrawal of my child's enrolment and the payment agreement;
- I consent to the proprietor to seek medical treatment for my child from a medical practitioner, hospital or ambulance service;
- I authorise the taking of my child outside the service by Staff / Educator of the service, if deemed necessary;
- I consent to pre-service educators/teachers observing my child at the service for the purpose of their academic assignments, and the use of my child's first name & photographs by pre-service educators/teachers for the purpose of academic assignments;
- I consent to the use of my child's full name & photographs in service's planning documentation, portfolios, newsletters, display signs and website, without acknowledgment of myself and without entitlement to any remuneration now or in the future.

**AUTHORISATIONS:**

**Please note:** Greenvue Kindergarten requires signatures from both parents / guardians if they are listed on the form

Primary Parent / Guardian 1 Name:	Signature:	Date:
Secondary Parent / Guardian 2 Name:	Signature:	Date:



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## Inclusion Support / Additional Needs Assessment

**Please Note:** This form should be completed in collaboration with the teachers at the service. *The sole purpose of this form is to enable us to provide the best possible support for all children.*

<b>Child:</b>		<b>Date of Birth:</b>	
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	Independently	Adult Support	Not At All	Not Applicable
Can the child communicate basic needs to an unfamiliar adult/educator? e.g. I want a drink				
Will the child be able to move around the kindergarten environment?				
Can the child go to the toilet?				
Can the child feed himself/herself?				
Does the child require equipment/aids or assistance with their vision, hearing or mobility?				
Can the child separate happily from family/guardian to an unfamiliar adult/educator?				
Can the child follow at least one-step verbal instructions from an unfamiliar adult/educator?				
Can the child cope with changes in routine?				
Will the child move to a new activity if asked by an unfamiliar adult/educator without becoming upset?				
Additional Comments:				

Will the child require medical intervention whilst attending the kindergarten session?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details as follows:					
<b>Type of Intervention</b>	<input type="checkbox"/> Epi-Pen	<input type="checkbox"/> Seizures	Comments / Other types of Intervention:		
	<input type="checkbox"/> Medication	<input type="checkbox"/> Peg Feeding			
	<input type="checkbox"/> Asthma Puffer	<input type="checkbox"/> Diabetes Testing			
How often is this currently happening during the day?					
How long is each intervention currently taking?					

Parent / Guardian Name:
Signature:
Date:

**Privacy Statement:** *The personal and health information on this form is being collected and used by Greenvue Kindergarten to enable us to provide the best possible support and care for your child. The information will be used by Greenvue Kindergarten and its contracted service providers to accommodate the needs of your child; or any directly related purpose. The information will only be disclosed if permitted by law; or where authorised or consented to by the parent/guardian.*

**THIS FORM MUST BE SUBMITTED AS PART OF THE ENROLMENT APPLICATION**



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- Emergency Contacts in case of emergency**
- Authority to consent to medical treatment and/or medication**
- Authorisation for the collection of the child**

*(Other than Parents / Guardians listed on Enrolment Record Form)*

Person 1	Person 2
Full Name:	Full Name:
Phone Number:	Phone Number:
Home Address:	Home Address:
Relation to Child:	Relation to Child:
Authorisation Start Date:	Authorisation Start Date:
Parent/Guardian's Signature:	Parent/Guardian's Signature:
Authorisation End Date:	Authorisation End Date:

Person 3	Person 4
Full Name:	Full Name:
Phone Number:	Phone Number:
Home Address:	Home Address:
Relation to Child:	Relation to Child:
Authorisation Start Date:	Authorisation Start Date:
Parent/Guardian's Signature:	Parent/Guardian's Signature:
Authorisation End Date:	Authorisation End Date:

***Please submit this form along with the Enrolment Record Form or later directly to the Kinder Administration Office.***

***All persons listed on this form will be required to produce a valid photo identification for verification purposes upon first contact with the service.***

***Greenvue Kindergarten reserves the right to revoke the authorisation without notice of any authorised person listed on this form if they are deemed unsuitable to attend the service by the Approved Provider, such as, found to be in breach of our Code of Conduct Policy.***

# COMPLYING WRITTEN AGREEMENT

CONFIDENTIAL

A service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

<b>Complying Written Arrangement</b>	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
<b>Relevant Arrangement</b>	RA	An RA is an enrolment type used for families not wishing to claim CCS
<b>Additional Child Care Subsidy</b>	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identified to pay the child care fees.
<b>Arrangement with an organisation</b>	Arrangement with an organisation is when an organisation is liable for the fees for the care of the child	

This written Arrangement between \_\_\_\_\_ (Parent name) and Greenvue Kindergarten Pty. Ltd. ABN: 80 606 144 110 (Service Provider) is an ongoing agreement between the ECEC Service provider and Parent/Guardian, to provide care in return for fees. The written Arrangement must contain a minimum amount of information set out in subsection 200B (3) of the Family Assistance Administration Act.

## SESSION AND FEE DETAILS

As part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in this enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes.

<b>Arrangement Type:</b>	<input checked="" type="checkbox"/> CWA	<input type="checkbox"/> RA	<input type="checkbox"/> ACCS	<input type="checkbox"/> Arrangement with an organisation	
<b>Name of Service:</b>	Greenvue Kindergarten - 6 Wootten Road Tarneit 3029 VIC				
<b>Parent/Guardian Full Name:</b>					
<b>Full Name of Child attending care:</b>					
<b>Date the arrangement starts:</b>					
<b>Expected Session of Care:</b>	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI
<b>Usual Session fee:</b>	\$123.57	\$123.57	\$123.57	\$123.57	\$123.57
<b>Care Arrangements:</b>	<input checked="" type="checkbox"/> <b>Flexible Care</b> (Please Note: it is recommended that you select Flexible care to ensure CCS is still paid in the event that you ever change your permanently booked days)	<input type="checkbox"/> <b>Routine Care</b> (Please Note: by selecting Routine Care, if you ever change your permanent days you will be required to pay full fee for those days)		<input type="checkbox"/> <b>Casual Care</b> (Please Note: Casual care is only available when a minimum of one permanent day is booked, please speak to your Centre Manager for more information)	

## I Confirm:

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and end times of these sessions of care.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and accepted by me.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

## Direct Debit Request

### Customer Details

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

### Payment Details

Payment Amount: **As calculated**


Payment frequency:  Weekly  Fortnightly  4-Weekly  Monthly

Day of the week/month:

### Direct Debit from Bank Account, Building Society Or Credit Union

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

Financial Institution:	<input type="text"/>
Account Name:	<input type="text"/>
BSB Number:	<input type="text"/>
Account Number:	<input type="text"/>

 I/we authorise you until further notice to debit my/our account with all amounts which Debitsuccess Pty Limited, the registered initiator of the above Authorisation Code may be initiated by Direct Debit. I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form

Authorisation: I confirm that I have authority over this bank account and that it can be operated severally  If yes, tick here

### Credit Card

Please charge my payments to my:  Visa  MasterCard  AMEX

Card number:

Expiry Date:  /  Name on Card:

By signing this form I/we authorise Debitsuccess Pty Limited, contracted by and acting on behalf of the Business to collect payments due by me/us pursuant to the Agreement (defined below), to debit payments from my specified Credit Card above, and I/we acknowledge that Debitsuccess will appear as the merchant on my credit card statement. 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 Pty Limited, I/we do not require Debitsuccess Pty Limited to notify me/us of such variations to the debit amount.

### Signature

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request and the provided DDR Service Agreement which follows, and I/we have read and understood the same

Authorising Signature (s)

Date  /  /

## DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This DDR Service 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 and should be read in conjunction with your Direct Debit Request.

### INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) (Debitsuccess) APCA User ID 518466 to make periodic debits on behalf of the "Business" as indicated on Direct Debit Request.

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the Direct Debit Request, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the Direct Debit Request as instructed by the Business.

### RELATIONSHIP

I/we acknowledge that Debitsuccess has been contracted by the Business to collect the payments due under the agreement that I/we have entered into with the Business pursuant to which I/we have agreed to pay for goods/services provided by the Business(Agreement). All payments due by me/us to the Business shall be made to Debitsuccess.

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. I/We acknowledge that Debitsuccess sole responsibility is to make periodic debits as set out in the Direct Debit Request

### 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 and by the Business.

### VARIATIONS TO DEBIT TERMS

I/We authorize 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/or the Business is to provide 14 days' notice if varying 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 Service Agreement 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 fees and charges charged by the Business as a result, in addition to any Financial Institution charges and collection fees; 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 Direct Debit Request are correct and that Debitsuccess is not liable to the extent that any such details are incorrect 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 Direct Debit Request, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this DDR Service 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) 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.
- (c) Any notices to be given to me/us by electronic mail to the email address on the Direct Debit Request (or any other email address notified in writing by me/us).

I/we acknowledge that:

- (a) This DDR Service Agreement will remain in force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death/bankruptcy or other revocation of this DDR Service Agreement until actual notice of such event is received by the bank.
- (b) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this DDR Service Agreement. Any other dispute lies between me/us and the Business.

### INFORMATION SECURITY

We are collecting your personal information for the sole purpose of completing this direct debit arrangement. Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the Direct Debit Request (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. You may request access to, and correction of, any personal information held by Debitsuccess by writing to Debitsuccess at the address below. You acknowledge that your personal information will be collected, used, held and disclosed in accordance with the Debitsuccess Limited Privacy Policy found at

<https://www.debitsuccess.com.au/privacy-policy>

Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law;
- (b) to Financial Institutions participating in the direct debit payment system in connection with a claim made on it relating to an alleged incorrect or wrongful debit; or
- (c) 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: [childcare@debitsuccess.com](mailto:childcare@debitsuccess.com)