

Hughes School Age Care

Parent Information Book 2009

Program Co-ordinator:	Vidya Chandra
Location:	School Hall Hughes Primary School Kent St, Hughes
Phone Number:	6281 1192
Fax:	6285 1322
CRN:	555 006 527 H
Operating Hours:	End of school until 6pm

Central Office Contacts:

Enrolments and Enquiries:	6234 6832 or 6234 6831
Administration Director:	Nila Chaleune 6234 6832
Program Director:	Katie West 6234 6831
Email:	schoolagecare@wcs.org.au

For account enquiries please contact Maree on 6234 6858, email:
sacaccounts@wcs.org.au or fax: 6285 1322.

Program Philosophy

1. To provide a recreationally based school age care service which meets all statutory requirements (Children's and Young Peoples' Act 1999, Eligibility for Commonwealth Child Care Benefit and registration for accreditation with the National Childcare Accreditation Council) and which is:
 - Safe.
 - Caring.
 - Friendly.
 - Fun.

2. The service recognises the importance of middle childhood and the value of play and will cater for the unique individual needs of all children attending programmes including differences of:
 - Gender.
 - Ability.
 - Interests.
 - Cultural and family background.

3. The staff will:
 - Treat all children with dignity and respect.
 - Exhibit high professional standards to provide an example to children.
 - Promote children's resilience/self esteem and encourage self expression.
 - Guide children's behaviour in a positive way.
 - Promote the professional standing of the service in the school and wider community.
 - Facilitate good communication between the service, parents and the community.

4. Staff are given opportunities to maximise their professionalism. They are required to participate in an Employee Work Program scheme which addresses training and performance expectations of management, program objectives and outcomes.

Developed 2000, revised 2003, revised 2005, revised July 2008. *(Written in consultation with WSC Management, Staff, Families, ACT School Age Care Conditions for Approvals in Principle and Licences 2000, Children's and Young Peoples' Act 1999 and the National Childcare Accreditation Council 2003).*

HUGHES SCHOOL AGE CARE (SAC)

PARENT'S INFORMATION BOOKLET 2009

Welcome to Woden Community Service's Inc (WCS) School Age Care Program. All programs are recreationally based and licensed by the ACT Government. WCS provides an inclusive environment that recognises variation in children's ability, backgrounds, family structure and culture. We aim to provide experiences that value and respect all similarities and differences.

Background:

1. This booklet provides information about booking arrangements, fees and payment of accounts, policy and procedures and other relevant details. Please let us know should you require additional information or have any questions.
2. As managers of the SAC Program, WCS aims to deliver high quality care to all children attending the program. We work closely with families, the school and community and encourage suggestions and feedback on all aspects of the program.
3. Our staff are selected to ensure children attending our programs have the best quality care in a safe and friendly environment. Staff ratios are determined by statutory regulations. Current ratios are one staff to every eleven children or part thereof, with a minimum of two staff present at all times.
4. The SAC Program is registered with the National Childcare Accreditation Council. This ensures quality standards are maintained through the system of Quality Assurance (QA) and Childcare Benefit (CCB) is available to the program for parents to access. Family participation in the Accreditation process is encouraged and appreciated greatly.

Enrolment Form and Fee Payment Form:

5. Attached are the 2009 Enrolment Form and Fee Payment Booklet. Please complete and return both to the School Age Care Directors, WCS Central Office by, fax: 6285 1322, email: schoolagecare@wcs.org.au, mail: P.O. Box 35 WODEN ACT 2606 or in person at 26 Corinna St, WODEN. Please note: Enrolment Form and fee payment form must be **completed in full** and deposit paid before your child can attend.
6. Licence Conditions set out by the Office of Child Care require all parents to re-enrol their children at the beginning of each school year. It is essential that the program has up-to-date information about your child, especially contact numbers for parents and emergency contacts.

Contacts:

7. The Coordinator of Hughes After School Care is Vidya Chandra. Vidya can be contacted on 6281 1192 during the hours of 2:30pm to 6pm. Outside these times, messages can be left on the answering machine.
8. The Directors of School Age Care and School Holiday Program are Nila Chaleune and Katie West based at WCS Central Office.
9. **If your child is booked for care but will not be attending**, please notify the School Age Care Directors by phone on 6234 6832 or 6234 6831, fax 6285 1322 or email schoolagecare@wcs.org.au.
10. For any changes to your booking, casual spaces or account enquiries, please contact the Accounts Team on 6282 2644, fax 6285 1322 or email sacaccounts@wcs.org.au.

Operating Hours:

11. After School Care (ASC) operating hours are: from the end of school to 6:00pm
12. The Program is closed on Public Holidays, School Holidays and Pupil Free days.
13. A School Holiday Program is also available. Please contact Directors at central office for further information. Contact numbers are: 6234 6832 or 6234 6831 or email schoolagecare@wcs.org.au

Arrival and Departure

14. Please be aware the Program does not take responsibility for children until they are formally signed in upon arrival at the program.
15. Children attending ASC will be signed in by staff on arrival at the program. It is a legal requirement that children are signed out by a family member or authorised guardian. This person must be over the age of 18 years.
16. For the safety of children, only those nominated on the enrolment form will be authorised to collect your child. Enrolments will not be accepted without emergency contacts who are authorised to collect children in the case of an emergency. Children leaving the Program on their own must have a completed permission form from the parent and must be signed out by a staff member. In the case of an emergency, a parent/guardian is to contact the program and provide details of the changes to arrangements.
17. It is a CCB requirement that all absences are signed for. If your child has recently been absent, please sign the absence sheet next to the sign in/out roll.

Program Closing Time and Late Fees:

18. Please be aware the Program closes at 6:00 pm.
19. A late fee is incurred for children collected after 6 pm. The fee is \$15 per child for every 15 minutes or part thereof and will be added to your next account. The late fee is strictly adhered to, as two staff members are required to remain at the program until all children are collected.
20. If we are unable to contact either the parent or a person nominated by the parent on the enrolment form, to arrange collection of the child/ren within an hour of the program closing, then we will contact ACT Government Family Services or Police to take responsibility of your child.

Non-attendance at the Program:

21. Non-attendance of children booked into the Program must be notified for the safety and security of children. It is the responsibility of the parent/guardian to notify the program if their child is booked but is not attending on any given day. Coordinator's are at the program from 2:30pm and messages can be left on the answering machine at any time. Alternatively the Director's may be contacted at the Central Office on: 6234 6832 or 6234 6831.

Increasing Days of Attendance:

22. A Permanent increase of days requires seven (7) days notice in writing and the approval of the Accounts Team. See contact details at paragraph ten above.
23. An increase in days will only be approved when there are spaces available.

Decreasing Days of Attendance:

24. Fourteen (14) days notice in writing is required if withdrawing from the Program or when proposing to decrease days of attendance. Fees are charged during this time. Notice should be given to the Accounts Team at paragraph ten.

Casual Bookings:

25. Please note: at least 24 hours notice is required for casual bookings. This is to ensure staffing ratios are maintained.
26. Casual bookings will only be taken when there are spaces in the program.
27. Casual bookings can be made by contacting the Accounts Team. See contact details at paragraph ten above.
28. Enrolment forms must be completed before a booking will be accepted. Casual bookings are charged for non-attendance, unless 24 hours notice is given. Casual bookings are to be paid on the day of attendance.

Routine:

29. Each afternoon the Program follows a general routine. This includes:

3pm	Children arrive, apply sunscreen and signed in by staff
3:05pm	Hand washing and sit down for afternoon tea
3:10pm	Afternoon tea, any announcements made by staff
3:30pm	Structured indoor craft, construction, outdoor activities and free choice
5:30pm	Pack up and indoor games/TV
6pm	Close

30. Hughes School Age Care is part of the Active After School Communities Program, sponsored by the Australian Sports Commission. Every term, different sports providers will come into the program to run an hour of active play and internal delivers will run an additional hour. Participation in these activities is strongly encouraged.

Family Communication:

31. We encourage open communication with Families about all aspects of our Program. Our methods of communication are face to face, email, suggestion box, telephone, newsletters, signs and notices. All feedback and input is encouraged and appreciated.
32. Staff meetings are held on a regular basis and decisions about the Program's objectives, policies and practices are reviewed. Any changes are made in consultation with families and the community. Feedback on policies is sought through notices at the Program and via email. All feedback is encouraged and appreciated. Please contact program staff regarding any suggestions you may have.

Grievances Procedure:

33. Families are encouraged to communicate to the Program Coordinator any concerns as early as practical. It is Woden Community Services Policy that grievances be resolved within the Program as much as practically possible. If the outcome is not satisfactory then families may approach the SAC Directors based at WCS central office, see contact details at paragraph 9. If the complaint still cannot be resolved then the Children's Services Manager and the WCS Director will become involved. Concerns will be addressed in accordance with Woden Community Service's Grievance Resolution Policy and Grievance Resolution Guide for Clients. The aim is for a consultative process and a positive resolution for all involved. If the concern cannot be resolved then families have the option to report the matter to the ACT Children's Policy and Regulation Unit.

Policies:

34. The Program's policies comply with ACT licensing requirements and the National Quality Improvement and Accreditation System. These include the policies and procedures of the Woden Community Service and are reviewed on a regular basis with input sort from staff, families and the community. A full list of policies is available at the program at all times. If you unable to find a copy please inform the Coordinator.

Afternoon Tea

35. A snack is provided daily for all children. In line with our Nutrition Policy the snack will consist mainly of fresh fruit and vegetables and carbohydrates. A special treat is also provided once a week. The program aims to have a variety of food from a variety of cultures. A daily menu is on display at the program. Consideration is given to any children who have special dietary needs and the menu will be adjusted accordingly. Please ensure that you note any allergies or special requirements on your enrolment form. Please note that all of our programs are NUT FREE at all times.

Behaviour Management

36. The standard of behaviour expected of children is similar to that expected at school. We expect children and staff will be treated with respect and dignity.
37. Each program has standards or 'rules' that are formulated by children and staff. The basis for these rules are:
 - (i) No-one is to be hurt by others.
 - (ii) Property is to be treated with respect.
38. Staff in the SAC program are required to act positively, consistently and fairly.
39. Effective behaviour management begins with the prevention of inappropriate behaviour by offering a flexible, age appropriate program in a safe and caring environment.

WHEN PREVENTATIVE STRATEGIES DO NOT WORK:

- a. TIME OUT – Children will be warned if behaviour is inappropriate. If behaviour continues then a 5 minute cooling down time will be implemented. Children will not be left isolated or unsupervised. Staff will debrief with the child over the incident after 5 minutes. If the behaviour is very inappropriate then a warning may not be given before time out.
- b. SAC DIRECTORS – If unacceptable behaviour continues and the desired outcomes have not been achieved then advice will be sort from the SAC Directors.
- c. INFORM PARENTS – Parent will be informed when behaviour management procedures are implemented if it is in the best interest of the child.
- d. WITHDRAWAL OF PRIVALEGES – If unacceptable behaviour continues, then the withdrawal of privileges may be implemented e.g. Excursions, special activities (not food).
- e. PERSONAL CONTRACTS – Contracts may be made between child and the program with parental and SAC Directors approval. Contracts must be positive.
- f. WITHDRAWAL FROM PROGRAM – Parents may be asked to immediately collect a child from the program if staff or other children are put at risk because of the behaviour of the child.
- g. NEXT STEP – If other children are frequently put at risk by the behaviour of the child, the parents of the child will be approached by the SAC Director.

The parents of a child may also be asked to meet with the Director. Parents may be asked to withdraw the child while suitable strategies are implemented. WCS has a social worker/counsellor who is happy to speak with parents.

Immunisation, Infectious Diseases and Exclusion Policy:

40. Parents are encouraged to have their children immunised according to the recommended schedule. Children not immunised will be excluded during outbreaks of infectious diseases as per Programs Exclusion Policy.

Unwell Children:

41. Government regulations require the Program refuse admission to any child suffering from an infectious disease, illness or condition that may prejudice the health of other children attending the program.
42. Staff reserve the right to refuse admission to a child they believe is unwell. If a child becomes unwell at the Program, families will be notified to collect the child.
43. Symptoms such as vomiting, high temperature and diarrhoea are considered serious and families will be advised to keep their child at home for a 24 hour period and until the symptoms are no longer evident.

Medication:

44. Panadol or similar will not be administered.
45. If your child is prescribed an antibiotic or homeopathic medication they are required to remain at home for the first 24 hours of treatment.
46. If any medication is to be administered at the Program, please complete the medication form available for this purpose.
47. The First Aid Officer will administer medications. Medication will only be accepted in its original container. Please note that medication can only be administered as per the instructions on the label. Medication will not be administered if the requested dosage is higher than recommended on the container or if the child's name is not on the container. Medication will only be given at the prescribed intervals.

Clothing

48. In line with our Sun Smart policy, hats and sunscreen are compulsory for outside play, except in the months of June and July. Children without hats will be excluded from outdoor activities. Sunscreen is provided at the program, please ask your coordinator or see display for the brand used.
49. Wet weather and warm clothing would be appreciated in winter months.
50. Lost property is kept at the program for a week and then added to the school's lost property areas.

Accidents:

51. If your child has an accident or sustains an injury while at the Program, an Accident/Incident Form will be completed which you will need to sign when you collect your child. In the case of serious accident or injury, a Parent/Guardian will be contacted immediately and an ambulance may be called.

Emergency Procedures:

52. Emergency procedures, including evacuation procedures are posted in the room. Please familiarise yourself with these procedures.
53. Emergency Evacuations procedures are practised twice a term.

Booking Information and Fees Charged

54. The category of After School Care bookings and fees are:

Permanent:	\$17.00 per day
Casual:	\$19.00 per day

55. WCS's School Age Care Programs run on a not-for-profit basis and relies on fees to meet expenses. Fees are set at the lowest level possible while ensuring high quality care for your children. Fees are charged during the school term, including public holidays.
56. A one off enrolment deposit of 2 weeks fees in advance per family (\$170) must accompany the enrolment form for permanent bookings. The deposit is refundable when a family leaves the Program after allowances are made for any fees owing. Two weeks' notice of enrolment cancellation is to be given otherwise the deposit will be forfeited.
57. Accounts and receipts are sent to email or postal addresses, as indicated by families on the Fee Payment Form. Payment is to be made when accounts are received. Parents were surveyed and preferred the following payment methods: Direct credit, direct debit, credit card and BPAY. Payments by Cash, EFTPOS and cheque, are still available. Please see the Fee Payment Form for additional information.

Account Enquiries:

58. If you have any queries regarding accounts, please contact Maree in our Childcare Accounts Team based at Woden Community Service's Central Office on 6234 6858 or via email at sacaccounts@wcs.org.au

Childcare Benefit (CCB):

59. Childcare Benefit is available to all eligible families accessing School Age Care.
60. Families are required to register with the Family Assistance Office (FAO) and apply for a CCB assessment. Please contact the FAO on 136 150 for more information, or you can access their web site here: www.familyassist.gov.au
61. When we receive a copy of the assessment notice, fees will be reduced by the percentage indicated and families are required to pay the remaining balance. If we do not receive the assessment notice, then full fees will be charged.
62. Please note that in order for us to reduce your fees we need to receive a fully completed enrolment form. All the information on the enrolment form is required by us to communicate with FAO.

Confidentiality

63. All information that you provide remains confidential to this organisation. You should be aware that the following organisations may have access on demand: ACT Government – Office of Child Care, Commonwealth Department of Family and Community Services and Debt Collection Agency.

Enrolment for 2010

64. Re-enrolment for 2010 will start in November 2009. Details will be distributed through your program and school newsletter.

PLEASE RETAIN THIS BOOKLET FOR YOUR REFERENCE

HUGHES SCHOOL AGE CARE ENROLMENT FORM 2009

1. The information sought in this document is required by the Commonwealth Government. If you choose to omit information you will not be able to receive CCB. The School Age Care staff will advise you where you have not complied. Please note: Full and legally recognised names must be used when completing this enrolment form.
2. This enrolment form must be accompanied by the Fee Payment Booklet and a one off deposit of \$170 for permanent bookings. This deposit will be held by Woden Community Services Inc. for the duration of your time using our care. When you leave the service, this amount will be used to cover any outstanding amounts owing and the remainder will be refunded.

DEPOSIT:

3. Deposit (Office Use Only)

\$170 Deposit Paid (2 weeks care per family at the full rate):	Staff Initial:	Date: / / 20
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CHILDREN TO BE CARED FOR:

4. Children's Details:

Full Name of Child	Residential Address	Child's CRN*	Sex M or F	DOB	School Year

* Customer Reference Number (CRN)

ATTENDANCE IN THE AFTERNOONS:

5. Please tick the **afternoons** that your child /children will be attending the Program each week.

Casual attendance; or

Permanent attendance; please fill below:

Full Name of Child	Commencement Date	Monday	Tuesday	Wednesday	Thursday	Friday
	/ /20					
	/ /20					
	/ /20					

PARENTS/GUARDIANS:

6. Details:

	Mother	Father
Family Name:		
Given Names:		
Parent's CRN *:		
Date of Birth:		
Home Address:		
Home Phone Number:		
Mobile Phone Number:		
Email Address:		
Occupation:		
Place of Employment/Occupation:		
Work Phone Number:		

* Customer Reference Number (CRN)

EMERGENCY CONTACTS:

7. For children's care and safety reasons we require the names of both parents and emergency contacts. I authorise the following people as emergency contacts for my child:

	First Person	Second Person
Name:		
Relationship to Child:		
Home Address:		
Home Phone Number:		
Work Phone Number:		
Mobile Phone Number:		
Parent authorises the above & signs here:		Date:...../...../ 20.....

HEALTH/MEDICAL INFORMATION:

8. Is there any **medical or physical condition** which your child has, of which you need to inform the coordinator? For example, special dietary needs, allergies, disabilities, additional needs. If your child suffers from a severe medical condition, anaphylaxis or Asthma an additional Treatment Plan must be completed and signed off by a doctor. Please speak to SAC Director at time of enrolment.

Details:	Action Required

9. Family Doctor and Medicare Number:

Family Doctor's Name:		Phone:	
Medicare Number: (for urgent medical attention)			

10. Immunisation:

Is your child fully immunised as per the recommended ACT Government schedule?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Immunisation Records: Copy to be supplied by parent/s:	
Staff's Name:	Signature: _____ Date obtained: / / 20

MEDICAL AUTHORISATIONS:

11. Prescription medications will only be administered by the First Aid Officer under written authorisation from the parent. This may entail the provision of a medication plan by the parent.
12. Should my child require urgent medical attention, I give permission for an ambulance to be called and agree to meet any related expenses.

Parent to sign here:		Date: / / 20
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SUNSCREEN:

13. I agree that my child may use the Program's sunscreen.

Parent to sign here:		Date: / / 20
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14. Please refer to the School Age Care Parent Information Book about sun protection policy.

PHOTOGRAPHS:

15. I give permission for my child to be photographed within the program when the opportunity arises and for the photographs to be displayed in the Centre.

Parent to sign here:		Date: / / 20
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PROGRAM ACTIVITIES

16. I am willing for my child/children to participate in all activities offered in the School Age Care Program. Yes No
17. I agree it is my responsibility to familiarise myself with the program and to advise the staff in writing if I do not wish my child/children to participate in a particular activity. Yes No

Parent to sign here:		Date: / / 20
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FAMILY INFORMATION:

18. Is there any family court or other orders affecting the care of the child?

No Yes

If yes, please attach a copy of the documentation and give brief details here:

19. What culture does your family identify with?

20. Language/s spoken at home:

21. Are there any cultural requirements to be observed or not observed?

OTHER PERSONS AUTHORISED TO COLLECT MY CHILD:

22. The person/s shown below, (who are 18yrs or over) have my authorisation to collect my child from the program unless prior notification in writing has been given to the coordinator. If any of the person(s) below are deemed, in the opinion of the program coordinator to be intoxicated or acting in potentially harmful ways, they will be unable to collect my child from the program.
The other persons who can collect my child are:

	First Person	Second Person
Name:		
Relationship to Parent:		
Relationship Child:		
Home Address:		
Home Phone Number:		
Work Phone Number:		
Mobile Phone Number:		

23. I agree to the above conditions and authorise the above person/s to collect my child.

Parent to sign here:		Date: / / 20
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Child Care Benefit (CCB):

24. The Child Care Benefit is available to all eligible families accessing Child Care. Families are required to register with the Family Assistance Office to apply for a CCB assessment. Please contact the Family Assistance Office on Ph: 136 150 for more information, or you can access their web site: <http://www.familyassist.gov.au>
25. The CRN for Hughes School Age Care is 555 006 527 H.
26. If you have children using other child care and you would like to receive the higher CCB percentage, you will need to complete a Parent Statement Form. These can be obtained from the School Age Care Accounts Team on 6234 6858.
27. Full fees will be charged until we receive a copy of the assessment notice showing the percentage by which fees will be reduced. Families are required to pay the remaining balance. For information about fee payment methods and authorisation for WCS to collect fees, please refer to the '**School Age Care Payment Form**'.
28. I/we, the Parent/s will be seeking the Child Care Benefit (CCB) from the Family Assistance office. (see paragraph 24 above) Yes No . If yes all aspects of this form must be completed in full.

Provision of Information, Confidentiality and Overall Parental Agreement:

29. The information you provide in this enrolment form remains confidential to Woden Community Service Inc. However, the following organisations may by law have access on demand: The ACT Government's Children's Policy and Regulation Unit, Commonwealth Department of Family, Housing, Community Services and Indigenous Affairs, a Debt Collection Agency.
30. **I have received and read the 'School Age Care Parent Information Handbook'**
31. **I/we, the Parent/s agree to the arrangements outlined in this document:**

Name/s

Signature/s:

Date: / / 20

Hughes School Age Care FEE PAYMENT FORM

Accounts Contact:

- Please notify Maree in the Accounts Team on 6234 6858, fax: 6285 1322 or Email: saccounts@wcs.org.au as soon as you are aware of any changes to the details which you provide.

Instructions for completion:

- Please complete this form in full and provide all details as requested below.
- If applicable, complete the Direct Debit Authorisation or Credit Card Payment Authorisation on the Ezi Debit Form.
- If you require assistance to complete this form, contact the Accounts Team as above.

Enrolled Children/s Names:

1.	1 st Child	2 nd Child	3 rd Child
Family Name:			
Given Names:			

Parent and Payee Details:

- Full legal names must be used when completing this form.

	Column One: Parent/s	Column Two: <u>Payee</u> (Insert ' <u>same</u> ' if the payee is the same person as the Parent shown in column one)
Family Name:		
Given Names:		
Parent's Customer Reference Number (CRN):		
Date of Birth:	/ /	/ /
Home Address:		
Email Address:		
Home Phone Number:		
Mobile Phone Number:		
Work Phone Number:		

For Office use only:

Payment Commencement Date:	/ /20	Notes:
Payment Reference Number:		
CCB Notice received?		

Mailing/Sending of Accounts:

3. Yes I would like WCS to send accounts to the payee’s email address instead of the payee’s postal address.

Fee payment and methods:

4. Payments are to be made to the Woden Community Service Inc (WCS).
5. Fees are payable each Friday of week using care otherwise alternate arrangement must be made with the accounts team prior to using care.
6. The primary contact on the enrolment form must be the person organising the booking and responsible for the fees.

7. Please select a payment method below, by ticking the box next to your choice:

- a) **Electronic Funds Transfer (direct credit):** You or the Payee can pay your account by arranging an Electronic Funds Transfer. You can use Internet Banking or go into your Bank to arrange a transfer of funds to pay your account. When making the funds transfer you must include the following reference information to accompany the payment: Payment is to be directed to:
- **The Woden Community Service Inc.,**
 - **Bank:** St. George
 - **BSB No:** 112-908
 - **Bank Account No:** 043612701
 - **Payment Reference:** comprising the Program location and Child’s Initial and Surname. For example for Matthew Jones attending the Red Hill Program, the Payment Reference would appear as: **Red Hill M. Jones**
- b) **Credit Card:** If you wish WCS to debit your credit card please complete the Credit Card Payment Authorisation on page 16.
 Please note that **Ezi debit Solution is our new financial provider and credit card fees will be applied to your account.
- c) **Direct Debit:** WCS can arrange deductions from your account. If you wish to use the Direct Debit method please read beforehand, the ‘DDR Service Agreement’ provided on pages 17. Then, please complete the Ezi Debit Form on page 16.
- d) **BPAY:** Your account will show the Biller Code and Customer Reference Number to enable you to make a BPAY payment. The minimum payment accepted by WCS via BPAY is **\$50**. WCS may accumulate statements to meet the minimum amount of \$50.
- e) **Payments in person** can be made if you choose to pay cash, debit via EFTPOS, or Credit Card. Submit the amount owed and a copy of your account to Reception at our Central Office, (see physical address at paragraph 8 below). Reception is open for account processing from 8 am to 5 pm on week days. For assistance you may call 6282 2644.

8. WCS Addresses:

Postal Address:	Physical Address:
Attention: Child Care Accounts Woden Community Service Inc. PO Box 35 Woden ACT 2606	Woden Community Service Inc. Central Office 26 Corinna Street Phillip ACT 2606.



Direct Debit Request



Hughes School Age Care
Ph: (02) 6282 2644



Get Paid On The Dot
ABN 67 096 902 813

New Customer Form

Customer Reference: WDC HUG 20259

Surname: Given Name:

Mobile Ph: (Or Business Name)

Email:

Debit Arrangement / Payment Details

And/Or the total amount billed for the specified period for this and any other subsequent agreements or amendments.

I authorise and request the debit user detailed below to debit payments from my nominated account, as specified below, at intervals and amounts as directed by Woden Community Service Inc – Hughes School Age Care as per the Terms and Conditions of the Woden Community Service Inc – Hughes School Age Care agreement and subsequent agreements.

Fees / Charges

Administration Fee:	Paid by Business	Transaction Fee:	\$0.72	Credit Card Fee:	Amex/Diners	1.87% (min \$0.72) 4.4% (min \$0.72)	SMS Payment Reminder:	N/A
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Debit from Bank, Building Society or Credit Union Account

Direct Debit is not available on the full range of accounts – if in doubt please refer to your financial institution

Financial Institution: Branch:

BSB Number: - Account Number:
(9 Digits MAX)

Account Holder Name(s):

I / We authorise Ezi Debit Australia Pty Ltd User ID 165969 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details stated above and as per the Service Agreement provided.

Debit from Credit Card

VISA MasterCard

Card Number:

Expiry Date: /

Card Holder Name:

By signing this form, I / We authorise Ezi Debit Australia Pty Ltd, acting on behalf of the business to debit payments from my specified credit card above, and I / we acknowledge that Ezi Debit Australia will appear as the business name on my credit card statement.

This Authorisation is to remain in force in accordance with the Terms and Conditions on this page, the provided Service Agreement, and I/we have read and understand the same.

Signature(s) of Nominated Account:

Date:

Office Use Only: T1 Received Date: Reference No: Vw 1.0

COMPLETE USING BLACK INK ONLY



ezidebit
Get Paid On The Dot
DDR Service Agreement

I/We hereby authorize Ezi Debit Australia Pty Ltd (ACN: 096 902 813) **Direct Debit User ID number 165969** (herein referred to as Ezi Debit) to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the Business)

I/We acknowledge that Ezi Debit is acting as a Direct Debit Agent for the Business and that Ezi Debit does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of the agreement with the Business.

I/We acknowledge that bank account and credit card details have been verified against a recent bank statement to ensure accuracy of the details provided. If uncertain you should contact your financial institution.

I/We acknowledge that it is my/our responsibility to ensure that there is sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight; however transactions can take up to three (3) business days depending on your financial institution. 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, I/We agree that Ezi Debit will not be held responsible for any fees and charges that may be charged by your financial institution.

I/We Acknowledge that there may be a delay in processing if: 1) There is a public or bank holiday on the day, or any day after the debit date 2) A payment request is received by Ezi Debit on a day that is not a Banking Business Day 3) A Payment request is received after normal Ezi Debit cut off times, being 4pm QLD time Monday to Friday. Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise the Business to vary the amount of the payments from time to time as provided for within the Business agreement. I/We authorise Ezi Debit to vary the amount of the payments upon instructions from the Business. I/We do not require Ezi Debit to notify me/us of such variations to the debit amount.

I/We acknowledge that the business is to provide 14 days notice if proposing to vary the terms of the debit arrangements.

I/We acknowledge that variations to the debit arrangement will be directed to the Business.

I/We acknowledge that any request to stop or cancel the debit arrangement will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business. If no resolution is forthcoming you are advised to contact your financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, I/We will be responsible for any fees and charges for each unsuccessful debit in addition to any financial institution charges and collection fees, including and not limited to any solicitor fees and collection agent fees appointed by Ezi Debit.

I/We authorise Ezi Debit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that if specified by the Business, a setup, variation, SMS or processing fees may apply as instructed by the Business.

Credit Card Payments

I/We acknowledge that "Ezi Debit Australia" will appear as the business name for all payments from credit card. I/We acknowledge and agree that Ezi Debit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the business as Ezi Debit is acting as a 3rd party payment provider. I/We Acknowledge and agree that in the event that a claim is made, Ezi Debit will not be liable for the refund of any funds.

Ezi Debit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made in it relating to an alleged incorrect or wrongful debit, or otherwise required by law. Further information relating to Ezi Debit's Privacy Policy can be found at www.ezidebit.com.au

Credit Card Fees are a minimum of the transaction fee or the credit card fee whichever is greater.

I/We authorise: 1) The Debit User to verify details of my/our account with my/our financial institution 2) The Financial Institution to release information allowing the Debit User to verify my/our account details.

PO Box 35
Woden, ACT 2606
Ph: (02): 6234 6858 Fax: (02) 6285 1322
Email: sacaccounts@wcs.org.au

CAN WE HELP YOU? CAN YOU HELP US?

Credit Policy and Procedure

WEEK 1

This is the current week of care. If you use care in a one-week period (Monday - Friday) it must be paid for in that week by Friday. The Payment can be made via Bpay, Direct Debit, Direct Credit, Continuous Credit card, credit card over the phone, fax, Cheque, or in person at Woden Community Service reception 26 Corinna Street Woden between 8:00am – 5:00pm.

WEEK 2

If payment is not received by the Friday of the second week a reminder stamp is placed on your statement. This will be your **First Notice**.

Otherwise alternate arrangement must be made with the account team.

WEEK 3

If payment remains outstanding a **Final Notification and Intended Childcare Cancellation Letter** is issued to the home address. Full payment is required before the due date to avoid cancellation of placement.

Once a placement is cancelled, it becomes free for families waiting on the waiting lists. For the Childcare place to be reinstated there must be space in the program and full payment including two weeks care in advance must be made.

WEEK 4

If no payment, contact or arrangement has been made by the due date on the **Final Notification and Intended Childcare Cancellation letter** your account will be sent to our debt recovery agency. We will endeavour to call you before this is done although it is the person who is paying the accounts responsibility to ensure their accounts are paid.

Please note once your account is sent to our Debt Recovery Agency three times or more you will no longer be able to use this service.

Credit Card Processing

If the initial transaction is declined with the notice "contact your bank", we will endeavour to provide you with a courtesy telephone call prior to the second attempt.

If payment remains outstanding, the standard credit procedures are followed.

***If you have any further queries please telephone the School Age Care Accounts Office on 6234 6858.
If paying by cheque please send to Woden Community Service PO Box 35 Woden ACT 2606 Attention: Maree.***