<table>
<thead>
<tr>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Monday</td>
<td>Monday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Tuesday</td>
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<tr>
<td>Friday</td>
<td>Friday</td>
<td>Friday</td>
</tr>
</tbody>
</table>

2015 Enrolment Form
<table>
<thead>
<tr>
<th>Authorized Nominee 1 - This person is authorized to carry out the following responsibilities for my child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Nominee 2 - This person is authorized to carry out the following responsibilities for my child:</td>
</tr>
<tr>
<td>Authorized Nominee 3 - This person is authorized to carry out the following responsibilities for my child:</td>
</tr>
</tbody>
</table>

**Account Details**

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

**COURT ORDERS**

<table>
<thead>
<tr>
<th>Does the child(ren) live with this person?</th>
<th>Occupation</th>
<th>Is this person an account holder?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Occupation</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Occupation</td>
<td>No</td>
</tr>
</tbody>
</table>

**ACCOUNT HOLDER DETAILS**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td>Child 2</td>
<td>Child 3</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**SPECIAL NEEDS**

- **Child Immunization Register at 1, 605, 650.**
  - Every attendee needs to bring the registration form.
  - If the child has a disability, list the disability.

- **Does your child have a disability? If yes, please explain.**
  - Details (you may attach another sheet if more space is needed).

- **Are there any other medical or physical conditions from which your child suffers?**
  - If yes, you will need to complete a Medication Authority Form.

- **Will your child be receiving any regular medication?**
  - You must provide an up-to-date medication list.

- **Is your child at risk of anaphylaxis?**
  - Let any allergies you child has align with the appropriate treatment.

**MEDICAL INFORMATION**

- **Address:**
- **Phone Number:**
- **Medication Number:**
- **Doctors Name:**
I,TableRow Holder 1, Name.

I understand and acknowledge the following:

1. In the case of an accident or illness, I agree to notify the staff at Woodrow Wilson Schools. Our permission to release health and medical information pertaining to my child/children is hereby given.

2. Upon arrival of my child(ren), I agree to acknowledge that the service is unable to care for children who are sick or who have a contagious illness.

3. I agree to the information contained in this document being available to the staff employees to work with my child(ren) at Woodrow Wilson Schools. Our permission to release health and medical information pertaining to my child(ren) is hereby given.

4. I agree to the child(ren) not being exposed to any exposure that will be associated with the use of a day care collection agency in connection with the care of my child(ren).

5. I agree to pay all fees associated with the use of a day care collection agency in connection with the care of my child(ren) in Woodrow Wilson Schools. Our permission to release health and medical information pertaining to my child(ren) is hereby given.

6. I agree to the child(ren) not being exposed to any exposure that will be associated with the use of a day care collection agency in connection with the care of my child(ren) in Woodrow Wilson Schools. Our permission to release health and medical information pertaining to my child(ren) is hereby given.

7. In the case of a disaster or emergency situation, I agree to be present at the scene of the disaster or emergency situation. I agree to be present at the scene of the disaster or emergency situation.

8. I agree to the education of Woodrow Wilson Schools. Our permission to release health and medical information pertaining to my child(ren) is hereby given.

9. I agree to notify the Center of any information that changes in your circumstances. I agree to notify the Center of any information that changes in your circumstances.

10. I agree to notify the Center of any information that changes in your circumstances. I agree to notify the Center of any information that changes in your circumstances.

I understand that the information provided on this enrollment form is true and correct. I understand that I must keep this information up to date. I have received a copy of the 2017 Parent Handbook and agree to comply with the policies and procedures outlined in it as well as all policies in the Center’s Policy and Procedure Manual.
**DIRECT DEBIT REQUEST**

**YOUR DETAILS**

- **Business:** Wooloowin School's Out - Wooloowin OSHC Care Centre ABN: 51 832 806 209
- **WWN GEN 30211**

**DEBIT ARRANGEMENT**

I/we authorise and request Ezidebit Pty Ltd ACN 096 902 913 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by Wooloowin School's Out - Wooloowin OSHC Care Centre ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.2).

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>D / M / Y</th>
<th>Weekly Debit Amount = Balance Due</th>
<th>Max Debit Amt:</th>
</tr>
</thead>
</table>

**CHOOSE YOUR PAYMENT METHOD**

- Debit from Credit Card
  - **VISA**
  - **MasterCard**
  - Expiry Date: __ / M / Y
- Debit from Bank, Building Society or Credit Union Account
  - Financial Institution:
  - Branch:
  - BSB Number: __
  - Account Number: __
- Account Holder Name:
  - I/we authorise Ezidebit Pty Ltd ACN 096 902 913 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.2) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.2) and I/we have read and understand same.

**Signature(s) of Nominated Account:**

**Date:** D / M / Y
DR SERVICE AGREEMENT (Ver 1.2)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (herein referred to as “Ezidebit”) to make periodic debits on behalf of the “Business” as indicated on the attached Direct Debit Request (herein referred to as “the Debit Request”).

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services for me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) 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 that I/we have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/we will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

I/We acknowledge that is is my/our responsibility to ensure that there are 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 the financial institution. Accordingly, 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 Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:
(1) there is a public or bank holiday on the day of the debit, or any day after the debit date;
(2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
(3) a payment request is received after normal Ezidebit cut off times, being 4:00pm Queensland 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 Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations.

I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days’ notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/we will contact the Business if I/we wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

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

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

Credit Card Payments
I/We acknowledge that “Ezidebit” will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit 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 Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit 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 relating to an alleged incorrect or wrongful debit, or as otherwise required by law. Further information relating to Ezidebit’s Privacy Policy can be found at www.ezidebit.com.au

I/we acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We authorise:
(a) Ezidebit to verify details of my/our account with my/our financial institution; and
(b) my/our financial institution to release information allowing Ezidebit to verify my/our account details.

Po Box 3327
Newstead, QLD 4006
Ph: (07) 3124 5500 Fax: (07) 3124 5555

DDR Service Agreement (Ver 1.2)