

## ENROLMENT FORM

In this document references to "Petit ELJ" means Petit Early Learning Journey. This form is only in respect of enrolments for Long Day Care bookings. A separate enrolment form is required for Outside School Hours Care.

**Petit ELJ Centre Name:**

### Child Details

Child's First Name:

Child's surname:

Gender:            Male            Female            Date of birth:

Child's customer registration number (CRN):

Residential address:

Name of siblings currently at the Centre:

### Booking Details

Monday            Tuesday            Wednesday            Thursday            Friday

Approximate times of attendance:

Proposed start date:

### Important Information About the Custody of Your Child

**Family Status – Please indicate best describes your situation**

Both Parents at home            Sole Parent            Shared Custody            Other

If other please specify:

**Custody Arrangements (If you are separated or divorced, who has legal custody of the child?)**

Parent 1            Parent 2            Both            Other

If other please specify:

### Access arrangements

Parent 1 access arrangement            Full            Limited            Other

Parent 2 access arrangement            Full            Limited            Other

If other please specify:

Is there a court order or court determined parenting order or parenting plan in place for your child?            Yes            No

Is the child in a foster care arrangement?            Yes            No

(if 'yes' you must supply a copy to the Centre, it is the parents responsibility to ensure these documents are updated in writing at all times)

Is there any other information about the child's living arrangements that we need to know about?            Yes            No

Please specify:

### Immunisation Details

Birth            2 Months            4 Months            6 Months            12 Months            18 Months            4 Years

A copy of your child's immunisation history statement from ACIR/GP or local council immunisation service must be provided to the Centre and be continuously updated

Other immunisations:

If Immunisation exempt: please provide a copy of IMMU-11 form

Child's health record has been sighted. **(To be marked by Petit ELJ.)**

**Please note:** To be eligible for Child Care Subsidy, your child must meet immunisation requirements according to the Australian Standard Vaccination Schedule or are on a catch-up vaccination schedule or if you have an approved exemption for your child.

**Please note:** The Victorian Government amended the Public Health and Wellbeing Act 2008, which inhibits the enrolment of unvaccinated children in Victorian childcare centres unless they have a medical exemption (which includes a contraindication or evidence of natural immunity), or are undergoing a catch-up schedule.

You can access your child's immunisation history statement via:

- Your Medicare online account through myGov. If you don't have a myGov account, you can create one and then link it to your Medicare online account, or
- The Express Plus Medicare mobile app. If you don't have the app, you can download it to your mobile device from the App Store or Google Play TM

Parent/ Legal Guardian 1 of Enrolling Child			Parent/ Legal Guardian 2 of Enrolling Child		
Full name:			Full name:		
Relationship to the child:			Relationship to the child:		
Date of Birth:			Date of Birth:		
Are you registered for Child Care Subsidy?	Yes	No	Are you registered for Child Care Subsidy?	Yes	No
Parent customer reference number (CRN):			Parent customer reference number (CRN):		
Estimate Child Care Subsidy Hours and percentage:			Estimate Child Care Subsidy Hours and percentage:		
Residential Address:			Residential Address:		
Home phone:			Home phone:		
Work phone:			Work phone:		
Mobile:			Mobile:		
Email:			Email:		
Occupation:			Occupation:		
Nationality:			Nationality:		
Primary language spoken at home:			Primary language spoken at home:		
If shared care arrangements, do you require separate billing arrangements:			Yes No		

## Special Talents

Our program is boosted by the specialised skills and abilities that our parent/ guardians have. Any skills can complement the program that we offer our children.

I would be interested in giving some time to assist in studios with special projects: Yes No

I have a special talent to share, play a musical instrument, speak another language, artistic talent, draft, sew, cook etc.:

Yes No Please specify:

## Important Information About Your Child

What is your child's cultural background or nationality?

Is your child of Aboriginal, Torres Strait Island descent? Yes No Both Neither

Primary language of the family?

Does your child have any religious, cultural or personal beliefs that require consideration from our Centre?

Yes No Please specify:

Does or can your child participate in festivals/celebrations? Yes No

Please specify:

Does your child have any special dietary needs? i.e. vegetarian Yes No

Please specify:

Please provide details about your child's routine including day sleeps, comforters, daily bottle etc.

Please specify:

## Child Health Record

Does your child have?

Asthma Yes No

If yes, please provide the Centre with an Action Plan obtained from your child's doctor prior to commencement.

Anaphylactic reactions Yes No

If yes, please provide the Centre with an Action Plan obtained from your child's doctor prior to commencement.

Diabetes Yes No

If yes, please provide the Centre with an Action Plan obtained from your child's doctor prior to commencement.

Allergic reactions Yes No

Allergy to:

If yes, please provide the Centre with an Action Plan obtained from your child's doctor prior to commencement.

If yes, to any of the above please specify details:

Does your child have any medical conditions other than the above mentioned? Yes No

If yes, please specify details:

Is your child at risk of a life-threatening reaction? Yes No

If yes, please provide the Centre with an Action Plan obtained from your child's doctor prior to commencement.

If no, what first aid must be administered to your child in an emergency?

Please specify:

Has your child ever suffered from a serious illness or injury or required hospitalisation? Yes No

Please specify:

Is your child currently taking any long-term medication? Yes No

Please specify:

Child's present health status:

### Medical Information

Child's doctors name:

Surgery name:

Address:

Phone number:

Medicare number:

Private health fund:

Private health fund number:

Ambulance fund:

Ambulance fund identification number:

### In Case of an Emergency

While all efforts are taken to prevent illness or injury to your child, we reserve the right to seek emergency medical attention for your child if deemed necessary by Centre staff. Petit ELJ has a duty of care to the children and therefore emergency treatment will be sought as soon as possible within the Education and Care program if required.

I/we acknowledge/authorise the staff at Petit ELJ to seek emergency medical treatment and/or contact the Ambulance for transport for my child or children as listed on the front of this application should this be considered necessary and agree to meet all costs incurred by this treatment and/or transport.

#### Parent/Legal Guardian 1

Name:

Signature:

Date:

#### Parent/Legal Guardian 2

Name:

Signature:

Date:

### Emergency Contact/Authorised Nominees Details

**Authorised nominee** means a person who has been given permission by a parent or family member to collect the child from the education and care service. (Reg 160(3) and Law 170(5)). Also,

- any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child;
- any person who is authorised to authorise an educator to take the child outside the education and care service premises; and
- any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child.

These contacts will be called to collect your child in case of emergency if the Centre staff are unable to contact you as parent/legal guardian the parents. By placing the names on this list, you understand that you are permitting the Centre staff to release your child into the care of these people.

These contacts are permitted to drop off and collect my child listed on this application.

#### Please note:

- Emergency Contacts/Authorised Nominees must not include Parents.
- As stipulated in Regulation 160 3(B) of the Education and Care Services National Regulations, parents are required to nominate an Authorised Nominee
- There may also be times where your child has an accident, injury, trauma or illness or requires medication or medical treatment and you as the parents/legal guardians cannot be contacted. To deal with these situations, we will notify one of the below contacts who are authorised to collect and care for your child.

- Petit ELJ has a duty of care to the children and therefore emergency treatment will be sought as soon as possible for any child within the Education and Care program if required.
- As in keeping with the Education and Care Services National Regulations and Centre policies, your child will not be released into the care of a person under the age of 18 years, any person not listed on this form as a parent/legal guardian, emergency contact or authorised nominee.

#### **Emergency Contact/Authorised Nominee One**

Full name: Relationship to the child:

Address: Contact number:

The above person is authorised to:

- Complete medication form Consent to Emergency Medication
- Complete Incident, Injury, Trauma and Illness Record
- Consent to collection of my child named previously
- Consent to excursion
- Consent to medical treatment of, or to authorise administration of medication to the child
- Authorise an educator to take the child outside the education and care service premises
- Authorise an educator to transport the child or arrange transportation of the child

#### **Emergency Contact/Authorised Nominee Two**

Full name: Relationship to the child:

Address: Contact number:

The above person is authorised to:

- Complete medication form Consent to Emergency Medication
- Complete Incident, Injury, Trauma and Illness Record
- Consent to collection of my child named previously
- Consent to excursion
- Consent to medical treatment of, or to authorise administration of medication to the child
- Authorise an educator to take the child outside the education and care service premises
- Authorise an educator to transport the child or arrange transportation of the child

#### **Emergency Contact/Authorised Nominee Three**

Full name: Relationship to the child:

Address: Contact number:

The above person is authorised to:

- Complete medication form Consent to Emergency Medication
- Complete Incident, Injury, Trauma and Illness Record
- Consent to collection of my child named previously
- Consent to excursion
- Consent to medical treatment of, or to authorise administration of medication to the child
- Authorise an educator to take the child outside the education and care service premises
- Authorise an educator to transport the child or arrange transportation of the child

### Emergency Contact/Authorised Nominees Details (continued)

I/we acknowledge/authorise the staff of the Centre to contact the previously named Authorised Nominees advising them to collect my child or children as listed on the front of this application should this be considered necessary in case of emergency if the Centre staff are unable to contact me/us. I/we understand that I/we am permitting the Centre staff to release my child into the care of these people. I/we understand that non-custodial parents (determined by current court order only) will not be given access to your child. I/we further agree to keep the Centre updated in writing of any changes to the contacts.

#### Parent/Legal Guardian 1

Name:

Signature:

Date:

#### Parent/Legal Guardian 2

Name:

Signature:

Date:

### Individual Needs

Does your child have any individual needs regarding their development that we should know about to assist us in providing them with the highest standard of care possible? Yes No

Please specify:

Does your child regularly visit a specialist? i.e. speech therapist, etc? Yes No

Please specify:

Name of specialist:

Contact number:

Details of any special requirements for your child:

Procedures staff may be required to perform to ensure your child receives appropriate, quality care:

**Please note:** If your child requires an Action Plan for any health reason an original copy must be provided to the Centre Director upon enrolment. This document must be certified by your doctor and continuously updated while your child attends the Centre. Only original Action plans will be displayed within your child's studio prep room and in the staff room.

I/we agree to keep Petit ELJ regularly informed regarding my child's health and individual needs and will notify the Centre as soon as any amendments have been made regarding any of the above action plans.

#### Parent/Legal Guardian 1

Name:

Signature:

Date:

#### Parent/Legal Guardian 2

Name:

Signature:

Date:

### Childcare Subsidy Information

Is your child eligible for the childcare subsidy? Yes No

Has your child attended another childcare facility this financial year? Yes No

Will your child continue to attend another childcare facility while attending Petit ELJ centre? Yes No

If yes, how many hours does the other facility bill you for?

Do you have other children receiving the childcare subsidy? Yes No

If yes, what are their names and date of birth?

## Fee Payment Agreement

I/we understand that

- Fees are payable one week in advance
- All fees are payable via direct debit from DebitSuccess weekly on a Friday
- Prior to my child's first week of care two weeks of fees will be debited
- If my fees are in arrears for more than two weeks and no arrangements have been made with the Centre Director, my child's place will be withdrawn immediately
- Fees will be charged for booked days that my child does not attend due to illness, holidays or public holidays
- We do not offer the ability to swap your booked days other than on a permanent changed basis
- I need to provide two weeks written notice prior to cancelling days or withdrawing my child from the Centre and agree to pay all outstanding fees prior to my departure
- We do not offer the ability to swap your booked days other than on a permanent changed basis
- For my child to receive the childcare subsidy they must attend the Centre on their last day of care or full fees will be charged for that day and any absent days they had prior to leave
- Should I fail to pay my fees and my place is withdrawn, or there is an outstanding balance when I leave the Centre I will be liable for any fees outstanding and all additional costs incurred by the Centre in collecting any outstanding balances
- Half price fees for the equivalent of two weeks of booked days are offered to all families for holidays per calendar year. Two weeks' notice is required by completing a (non accumulating) Holiday Request Form. Fees cannot be in arrears either at the date the Holiday Request Form is submitted or at the date the holiday fees are to be charged.
- If applicable a bond will be payable to secure my child's enrolment.

### Parent/Legal Guardian 1

Name:

Signature:

Date:

### Parent/Legal Guardian 2

Name:

Signature:

Date:

## Permission Agreement

I/we understand that the following statements are a necessary aspect of my child attending Petit ELJ and give authority for a staff member at Petit ELJ to:

### Consent to medical treatment and medication

Yes No

I/We in the event of an emergency, permit persons named on the enrolment record, to consent to provide verbal permission for an emergency dose of paracetamol. If these persons cannot be reasonably contacted in the circumstances, a registered medical practitioner or emergency services can authorise the medication to be administered.

I/We give permission for any person who is authorised to authorise a staff member at Petit ELJ to:

- Take my child outside the education and care service premises.
- Display my name and contact details on medical alert posters. N.B - this information is displayed in staff areas only and used in the case of an emergency
- Apply sunscreen to my child for outside play
- Apply insect repellent to my child for insect protection when required
- Take my child outside the grounds of the Centre for a fire and emergency drill or evacuation
- Observe my child for the purpose of developing individual and group educational programs

### Parent/Legal Guardian 1

Name:

Signature:

Date:

### Parent/Legal Guardian 2

Name:

Signature:

Date:

## Head Lice Check Consent

In childcare services, children have continual close contact with each other and this provides the opportunity for head lice to transfer from head to head. For the benefit of all children in the Service, authorities recommended that any child showing signs of discomfort with their hair has it checked for head lice.

I/we give permission for a staff member at Petit ELJ to check my child's hair for head lice if the need arises.

I/we understand that

- Any such check will be conducted sensitively and discreetly.
- If head lice are detected in my child's hair, their hair will be contained and their head covered (in a sunhat). I/we will be advised upon collection of our child.
- I/we are required to effectively treat the head lice and ensure that this treatment (both chemical and mechanical removal) has commenced before my child's return to care.
- I/we understand a full copy of Petit ELJ's Head Lice Free Policy is available at the Centre for review if required.

### Parent/Legal Guardian 1

Name:

Signature:

Date:

### Parent/Legal Guardian 2

Name:

Signature:

Date:

## Media Consent

I/we give permission for my child to be photographed and video recorded, and I/we consent to photographs, digital images and video recordings of the children being used by Petit ELJ for the following purposes:

- |   |     |    |
|---|-----|----|
| • In the centre displays e.g. developmental profiles and learning, projects, excursions, and incursions | Yes | No |
| • Student educational training purposes (Practical Placement)   | Yes | No |
| • Featured and non-feature marketing purposes including via Social Media and Printed Collateral         | Yes | No |
| • Documentation and communication of development and learning in StoryPark                              | Yes | No |

### Please note:

- As part of our commitment to improving the childcare sector, the Centre regularly hosts students studying towards their Diploma or Bachelor in Early Childhood Education and Care who have been assigned to **Practical Placement** or practicum. As part of their Practical Placement, they are asked to observe and plan activities for a selected group of children. Parents will be notified if their child's studio is to be a part of any practical placement and consent will be requested at this time.
- In this context **Social Media** refers to the Petit Early Learning Journey Website, Facebook page, Instagram page, LinkedIn page and/or YouTube account. These forms of Social Media are used by Petit ELJ to
  - promote social events we may have;
  - update Parents and deliver news; and
  - display photos and videos of activities, incursions or excursions and projects.
- Storypark** is a secure platform for privately sharing stories, photographs, and video recordings with Parents through real time updates. At Petit ELJ it is the primary communication tool between our educators and Parents. Parents can also securely invite additional family members (Added Contacts). If your child is photographed with another child and this photograph is uploaded to a Studio Page, both Children's Parents and Added Contacts can view this photograph.
- In this context **Printed Collateral** refers to flyers, handbooks, booklets, postcards, newsletters, banners and / or signage.

We are careful about ensuring that the content used on our Social Media and StoryPark adheres to both our Social Media Policy and our Privacy Policy, and are committed to ensuring that we protect the interests of the Children, Parents and our centres. In respecting the wishes of Parents who do not wish for photographs of their child are not published on Social Media including indirectly (for example, in the background) this may mean that the child may be removed from any group situations where photographs will be taken.



By providing your consent to us, you confirm that you have read the above and the full copy of our Social Media Policy which is located on our website at <http://www.petitjourney.com.au/media-policy>.

**Parent/Legal Guardian 1**

Name:

Signature:

Date:

**Parent/Legal Guardian 2**

Name:

Signature:

Date:

**Credit Permission**

I/we hereby consent to Petit ELJ:

- disclosing information about me/us provided in this enrolment form (including 'personal information' as defined in the Privacy Act 1988 (Cth)) to any credit reporting bodies (including debt recovery bodies with a credit reporting function), as selected by Petit ELJ, to obtain credit reports about me/us; and
- considering the information about my/our credit worthiness contained in such credit reports (together with the creditworthiness information contained in credit reports obtained for any other people named in this enrolment form) in making decisions about my/our enrolment form.

I/we understand that if I/we fail to provide consent, Petit ELJ may be unable to accept my/our enrolment form.

**Parent/Legal Guardian 1**

Name:

Signature:

Date:

**Parent/Legal Guardian 2**

Name:

Signature:

Date:

**Updating Contact Details and Child's Information**

I/we understand that I/we are responsible for ensuring the Centre is advised of any changes to our family circumstances, this can be done via email or at the reception.

I/we adhere to the Petit ELJ policies, procedures and family handbook as may be updated from time to time while enrolled at the service.

**Parent/Legal Guardian 1**

Name:

Signature:

Date:

**Parent/Legal Guardian 2**

Name:

Signature:

Date:

**Privacy Policy**

We may use or disclose your personal information for the primary purpose for which it was collected, or for any reasonably expected or related secondary purpose where you would reasonably expect us to use or disclose your personal information purpose or where you have provided your express or implied consent.

We collect your information for the primary purpose of:

- Considering your request for products or services
- Providing you and your child with products or services
- Supporting your child's health, social and emotional well-being
- Providing you with information about our organization, services, and activities
- Complying with our legal and regulatory obligations.

## Privacy Policy (continued)

We may need to share your information with our subsidiaries, related entities and our third-party providers, including service providers. Generally, these parties include (but are not limited to):

- insurers
- banks
- legal providers
- technology service providers services
- child protection or family support agencies, when we reasonably believe a child is at risk of significant harm, in line with our Child Protection Procedures.

If we have collected your information directly from you and you have given us your prior consent to receive marketing communications, we may use your personal information to communicate directly with you to promote our services. You can easily opt out of receiving any commercial electronic messages or direct marketing messages from us if you unsubscribe or ask us to stop by contacting us using the details noted below.

By providing your personal information to us, you confirm that:

- you have read the above and the full copy of our Privacy Policy which is located on our website at <http://www.petitjourney.com.au/privacy-policy>.
- you consent to the use of your information for the purposes noted above.

If you have any questions, comments or wish to discuss our Privacy Policy or any aspects of our privacy procedures, please contact us by telephoning on 1300 173 848, writing to us at PO Box 10829 Brisbane QLD 4000 or by e-mail to [enquiries@petitjourney.com.au](mailto:enquiries@petitjourney.com.au).

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## Enrolment Administration Fee

We charge a \$30 Administration Fee to cover the cost of processing your enrolment with Petit ELJ. This fee will be charged to your account with your first week's fees on commencement of care.

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## CENTRE USE ONLY

Nominated Supervisor has sighted a Child Health Record for the child	Yes	No
Nominated Supervisor Signature		

## Direct Debit Request - Authorisation Form

### 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"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>		
Email Address:	<input type="text"/>		

### Select from the Following


<input type="checkbox"/> New Account	<input type="checkbox"/> Change Debit Limit	<input type="checkbox"/> Change Account Details
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### Payment Details

Payment Limit Amount:	<input type="text" value="Balance Due"/>	<i>This is the maximum amount to deduct at each centre where a balance occurs</i>	
<small>\$0.00 or Blank = No Limit</small>			
Surcharge:	Visa/MasterCard: <input type="text" value="1.87%"/>	AMEX: <input type="text" value="4.40 %"/>	Bank Account: <input type="text" value="N/A"/>
Admin Fee:	<input type="text" value="N/A"/>		
Payment frequency:	<input type="checkbox"/> Weekly	Day of the week:	<input type="text" value="Friday"/>
First Payment Date:	<input type="text"/>		

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

Details of the Account to be debited (All Details must be supplied):	
Account Name:	<input type="text"/>
BSB Number:	<input type="text"/>
Account Number:	<input type="text"/>



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 518466 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

### Credit Card

Please charge my payments to my:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Card number:	<input type="text"/>		
Expiry Date:	<input type="text"/>	Name on Card:	<input type="text"/>

### Signature

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

Authorising Signature (s)

Date

## Terms and Conditions

### DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This 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 (DDR) and should be read in conjunction with your DDR Authorisation Form.

#### INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 518466 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

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

#### RELATIONSHIP

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.

#### 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.

#### VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. 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, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary 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 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 Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); 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 DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong 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 DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this 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) The 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.

#### INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (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.

Debitsuccess will only disclose information that we have about you:

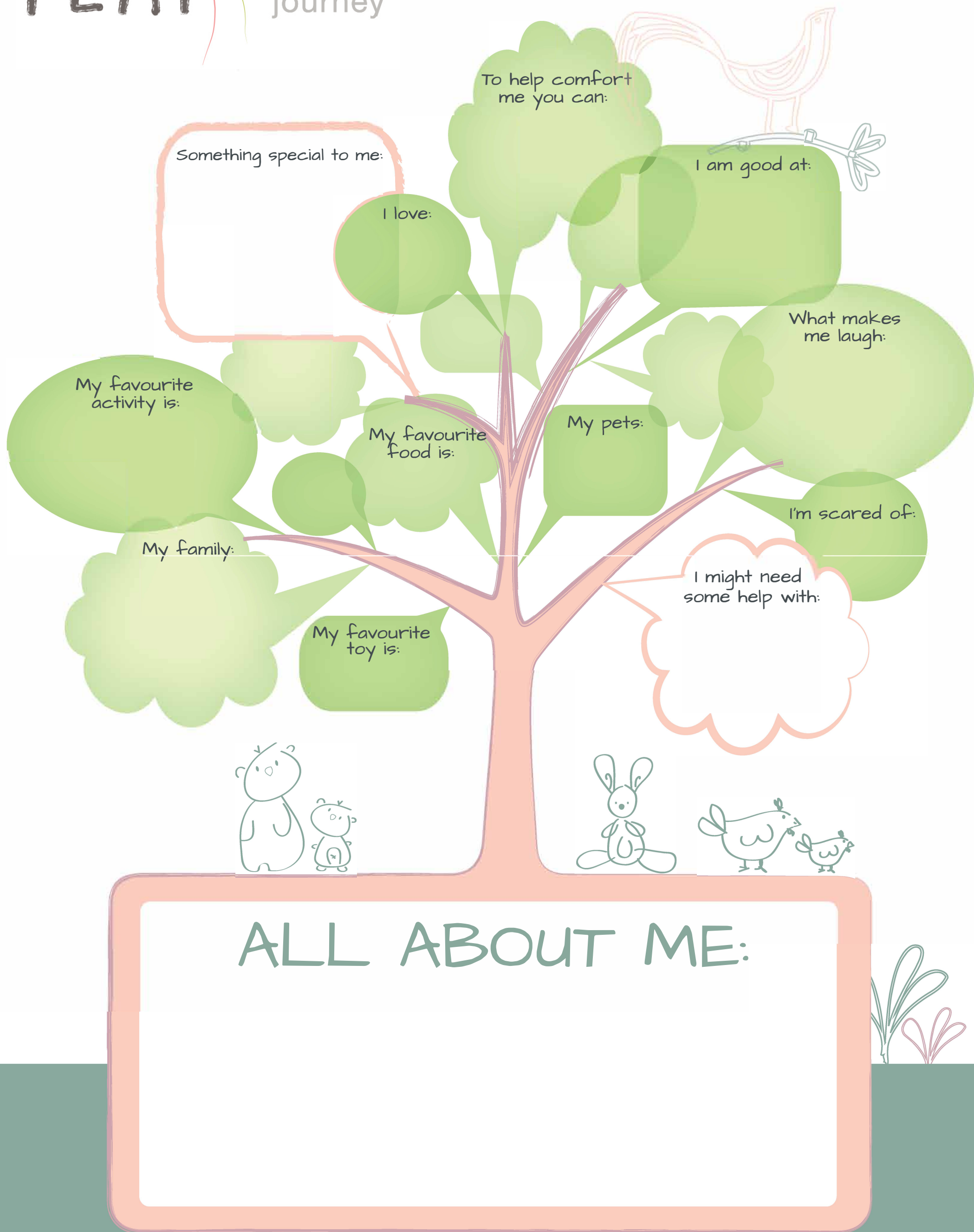
- (a) to the extent specifically required by law; or
- (b) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

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: qkclients@debitsuccess.com



Something special to me:

To help comfort me you can:

I am good at:

I love:

What makes me laugh:

My favourite activity is:

My favourite food is:

My pets:

I'm scared of:

My family:

I might need some help with:

My favourite toy is:

ALL ABOUT ME: