

ENROLMENT FORM



Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

Child's birth certificate	Child Customer Reference Number (CRN)
AIR Immunisation History Statement	ASCIA Action Plan (Asthma or Anaphylaxis)
Parent Customer Reference Number (CRN) and date of birth	Medical documents
Court Order Documents	Photo identification of all emergency contacts
Family Referral	Parish Reference

Service name:

Address:

Phone number:

Email:

OFFICE USE ONLY

Date Entered

Entered By



CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Family Name			
First given name		Second given name	
Preferred first name			

Date of Birth		Gender	Male / Female
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address	
Child normally lives with	

Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied	Yes/No
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Days of attendance (Please select):	<input type="radio"/> 5 Day Program - Monday to Friday	<input type="radio"/> 3 Day Program – Monday to Wednesday	<input type="radio"/> 2 Day Program – Thursday and Friday
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Child's Start Date	
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CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your child speak a language other than English at home? <i>(Please circle) Yes / No</i>	If yes, what language (s) other than English are spoken at home.
County of birth	
Child's residency status	
Please outline any cultural practices you would like followed	
What is your child's cultural background?	
Religion	
Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed	
Religious celebrations	



PRIMARY PARENT - Primary Parent must also be the registered CRN number holder

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth:	
Email address	
Relationship to child	
Country of Birth	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details	
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Does the child normally live with you? (Please circle)	Yes / No
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Occupation	
Place of employment	
Hours of work	



SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	

Parent Centrelink Reference Number (CRN)	
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Please provide any relevant cultural background details	
---	--

Does the child live with you? (Please circle)	Yes / No
---	----------

Occupation	
Place of employment	
Hours of work	



FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally assist with enforcement of Order/s.



CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) families must meet eligibility requirements which include:

1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?

YES NO

2. Are you liable for fees for care provided at an approved childcare service?

YES NO

3. Do you meet residency requirements?

YES NO

4. Does your child meet immunisation requirements?

YES NO

5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website?

YES NO

6. Have you received confirmation about your Child Care Subsidy?

YES NO

Please Note:

If you need assistance with filling out this form, please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	
Doctor's address			
Dentist name			
Name of Service		Phone number	
Dentist's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No
Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	



CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergies- provide details of child's allergies. These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does your child have a current Action Management Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector?	Yes/No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>		Yes/No	Parent 1 Signature:
			Parent 2 Signature:

Special dietary requirements

Prohibited Food	Detailed information

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition		
Has a doctor diagnosed this condition?	Yes/No	
Does your child have a current Action Management Plan (eg ASCIA Asthma Plan)	Yes/No	
If yes, is this plan attached?	Yes/No	
Does your child take any prescribed regular medication for this condition?	Yes/No	
Medication Name/s		
<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> it is prescribed by a medical practitioner it is in the original container with the original label the label contains the child's name instructions and dosage can be clearly read expiry date or use by date is valid any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	Parent 1 Signature:	
	Parent 2 Signature:	

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes/ No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes/ No	Attached

FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	



DEVELOPMENTAL INFORMATION

<p>Does your child have any problems with hearing, sight or speech?</p>	<p><input type="checkbox"/> Hearing Detailed information: _____ _____ _____</p> <p><input type="checkbox"/> Sight Detailed information: _____ _____ _____</p> <p><input type="checkbox"/> Speech Detailed information: _____ _____ _____</p>
<p>Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?</p>	<p><i>Please provide detailed information</i></p>
<p>Does your child require additional support for learning because of disability?</p>	
<p>Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?</p>	
<p>Has your child begun toilet training?</p>	
<p>Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced.</p>	
<p>Is your child used to being with other adults and children?</p>	
<p>Does your child have any comforters? (security blanket, dummy, bottle etc)</p>	



TRANSITION TO SCHOOL

<p>Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school?</p>	Yes/No	Parent 1 Signature:	
	Yes/No	Parent 2 Signature:	
	Name of School: <hr/>		
Permission to exchange information: Yes/No			
<p>While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them into your child's program.</p>			

CHILD'S ROUTINE

TIME	ROUTINE

FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

SECOND EMERGENCY CONTACT - AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	



ENROLMENT AGREEMENT- CONSENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES	NO
I/we give permission for our child to participate in outings to places of interest (A permission slip will need to be signed before allowing your child to leave the Service for any excursion)	YES	NO

PHOTOGRAPHY AND VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation	YES	NO

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fee prior to my child starting and am aware that the enrolment fee is non-refundable.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$15.00 for the first 5 minutes or part thereof and \$1.00 per minute thereafter, after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I agree to provide two weeks written notice to withdraw my child or reduce/amend booked days.
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen, please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of



the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.

- I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with the Service's Policy Manual located in the Parent Library, in the foyer near the office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
- I, or someone I know has a skill they could share with the children to enhance the educational program.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

Print Name: _____ Signature: _____ Date: __ / __ / __

Print Name: _____ Signature: _____ Date: __ / __ / __

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other:	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.



DIRECT DEBIT REQUEST (DDR)

<p>Alphabeta Business Management Services Pty Ltd</p> <p>C/- 3 Elliot St Belfield NSW 2191 (02) 9831 4001 assistant@alphabeta.com.au</p>	
<p>Request and Authority to debit</p>	<p>Your Surname _____</p> <p>Your Given names _____ "you"</p> <p>request and authorise Alphabeta Business Management Services Pty Ltd to arrange, through its own financial institution, a debit to your nominated account of the amount Alphabeta Business Management Services Pty Ltd, has arranged with <i>you</i> to be owing for Childcare Fees including but not limited to Enrolment Fees, Tuition Fees, Uniform charges, as per the Schedule of Payments provided to <i>you</i> or by the Statement of Accounts emailed to <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<p>Debit from Credit Card Details</p>	<p> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> </p> <p>Card Number _____ Expiry Date _____</p> <p>Name on Card _____</p>
<p>Debit from Bank Account</p>	<p>Name/s on account _____</p> <p>Financial Institution Name _____</p> <p>BSB number (Must be 6 Digits) _____ - _____</p> <p>Account number _____</p>
<p>Acknowledgment</p>	<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you confirm that:</p> <ul style="list-style-type: none"> You are authorised to operate on the nominate credit card or bank account; and you have understood and agreed to the terms and conditions governing the debit arrangements between you and Alphabeta Business Management Services Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement.



Your signature and contact details	<p><u>Signed in accordance with the account authority on your account:</u></p> <p>Signature _____</p> <p>Date / / _____</p> <p>Address: _____</p>
Second account signatory (if required)	<p><u>Signed in accordance with the account authority on your account:</u></p> <p>Signature _____</p> <p>Name _____</p> <p>Date / / _____</p> <p><u>Contact Details:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>

DIRECT DEBIT REQUEST SERVICE AGREEMENT(DDR)

<p>This is your Direct Debit Service Agreement with Alphabeta Business Management Services Pty Ltd It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.</p> <p>Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.</p>	
Definitions	<p>account means the account held at <i>your financial institution</i> from which <i>we</i> are authorised to arrange for funds to be debited.</p> <p>agreement means this Direct Debit Request Service Agreement between <i>you</i> and <i>us</i>.</p> <p>banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p>debit day means the day that payment by <i>you</i> to <i>us</i> is due.</p> <p>debit payment means a particular transaction where a debit is made.</p> <p>direct debit request means the Direct Debit Request between <i>us</i> and <i>you</i>.</p> <p>us or we means Alphabeta Business Management Services ty Ltd, (the Debit User) <i>you</i> have authorised by requesting a <i>Direct Debit Request</i>.</p> <p>you means the customer who has signed or authorised by other means the <i>Direct Debit Request</i>.</p> <p>your financial institution means the financial institution nominated by <i>you</i> on the DDR at which the <i>account</i> is maintained.</p>

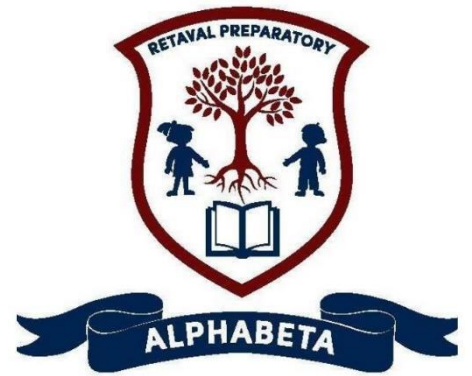
<p>1. Debiting your account</p>	<p>1.1 By signing a <i>Direct Debit Request</i> or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the <i>Direct Debit Request</i> and this agreement for the terms of the arrangement between us and you.</p> <p>1.2 We will only arrange for funds to be debited from your account as authorised in the <i>Direct Debit Request</i>.</p> <p>or</p> <p>We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the <i>Direct Debit Request</i>, a billing advice which specifies the amount payable by you to us and when it is due.</p> <p>1.3 If the <i>debit day</i> falls on a day that is not a <i>banking day</i>, we may direct your financial institution to debit your account on the following <i>banking day</i>. If you are unsure about which day your account has or will be debited you should ask your financial institution.</p>
<p>2. Amendments by us</p>	<p>2.1 We may vary any details of this agreement or a <i>Direct Debit Request</i> at any time by giving you at least fourteen (14) days written notice.</p>
<p>3. Amendments by you</p>	<p>3.1 You may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification by writing to:</p> <p>assistant@alphabeta.com.au</p> <p>or</p> <p>by telephoning us on (02) 9831 4001 during business hours;</p> <p>or</p> <p>arranging it through your own financial institution, which is required to act promptly on your instructions.</p> <p>*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us Alphabeta Children's Management Services your new account details.</p>
<p>4. Your obligations</p>	<p>4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a <i>debit payment</i> to be made in accordance with the <i>Direct Debit Request</i>.</p> <p>4.2 If there are insufficient clear funds in your account to meet a <i>debit payment</i>:</p> <p>(a) you may be charged a fee and/or interest by your financial institution;</p> <p>(b) you may also incur fees or charges imposed or incurred by us; and</p> <p>(c) you must arrange for the <i>debit payment</i> to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the <i>debit payment</i>.</p> <p>4.3 You should check your account statement to verify that the amounts debited from your account are correct</p>
<p>5. Dispute</p>	<p>5.1 If you believe that there has been an error in debiting your account, you should notify us directly on (02) 9831 4001 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.</p> <p>5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.</p> <p>5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.</p>



<p>6. Accounts</p>	<p>You should check:</p> <ul style="list-style-type: none"> (a) with <i>your financial institution</i> whether direct debiting is available from <i>your account</i> as direct debiting is not available on all accounts offered by financial institutions. (b) <i>your account details</i> which <i>you</i> have provided to <i>us</i> are correct by checking them against a recent <i>account</i> statement; and (c) with <i>your financial institution</i> before completing the <i>Direct Debit Request</i> if <i>you</i> have any queries about how to complete the <i>Direct Debit Request</i>.
<p>7. Confidentiality</p>	<p>7.1 We will keep any information (including <i>your account details</i>) in <i>your Direct Debit Request</i> confidential. We will make reasonable efforts to keep any such information that we have about <i>you</i> secure and to ensure that any of <i>our</i> employees or agents who have access to information about <i>you</i> do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 We will only disclose information that we have about <i>you</i>:</p> <ul style="list-style-type: none"> (a) to the extent specifically required by law; or (b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).
<p>8. Notice</p>	<p>8.1 If <i>you</i> wish to notify <i>us</i> in writing about anything relating to this <i>agreement</i>, <i>you</i> should write to:</p> <p>assistant@alphabeta.com.au</p> <p>8.2 We will notify <i>you</i> by sending a notice in the ordinary post to the address <i>you</i> have given <i>us</i> in the <i>Direct Debit Request</i>.</p> <p>8.3 Any notice will be deemed to have been received on the third <i>banking</i> day after posting.</p>

Alphabeta Retaval Preparatory

Parish Reference



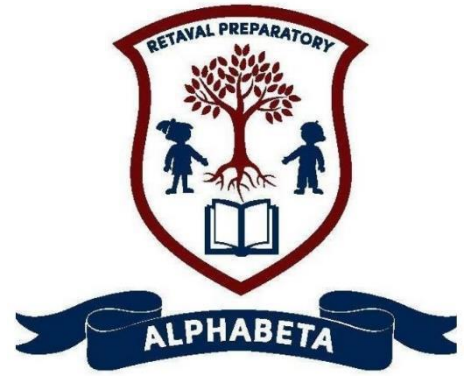
Child's name: _____

Reference:

Signed: _____ Date: / ____ / ____

Alphabeta Retaval Preparatory

Family Referral



Child's name: _____

Referral by: _____

Signed: _____

Date: ____/____/____