

## Important Information

Dear OSHC Families,

We appreciate your ongoing understanding and support during the ever evolving and challenging times that COVID-19 continues to deliver.

### **Vacation Care Program and Attendance**

Given that we are still subject to a number of restrictions we have made the decision to not plan any extracurricular activities for the upcoming Vacation Care program. All activities will be run on-site in the OSHC room and grounds of SCAS.

If your child presents at our service with, or develops, any cold or flu like symptoms you will be required to collect them as soon as possible and they will need to have evidence of a negative COVID test before they can return.

### **Masks**

All OSHC Educators are required to wear masks at all times. Under current health advice, masks are now strongly recommended for primary school aged children. This also applies in Out of School Hours Care services, including before and after school care services and vacation care.

Parents are required to wear a mask at all times during drop off and pick up and must sign in and out using the Service NSW QR code provided.

### **Direct Debit Form**

We are in the process of transitioning our fees payment system from Westpac to DebitSuccess. Along with this Vacation Care pack you will have received a new direct debit form that must be completed and returned with your Vacation Care Booking Form in order for the booking to be processed and confirmed. Booking Forms received without a completed direct debit form will not be processed until one is received.

Thank you for your ongoing support. Please stay safe and well.

Columba Cottage OSHC Team

# September / October 2021 Vacation Care

Week 1  
 20 - 24  
 September

Monday 20th  
OSHC Spoonville




LUNCH + Water - BYO

Tuesday 21st  
Backyard Games



LUNCH + Water - BYO

Wednesday 22nd  
Craft /  
Construction Day



LUNCH + Water - BYO

Thursday 23rd  
Cooking



LUNCH + Water - BYO

Friday 24th  
Science Day

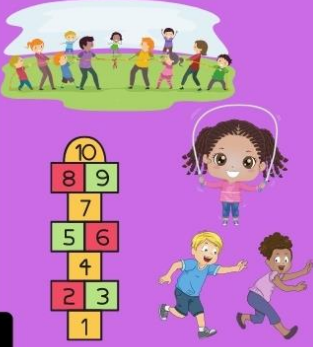


LUNCH + Water - BYO

Week 2  
 27 - 1  
 September  
 /October




Monday 27th  
Outdoors Fun!




LUNCH + Water - BYO

Tuesday 28th  
Spooky Day



LUNCH + Water - BYO

Wednesday 29th  
Bikes & Scooters




LUNCH + Water - BYO

Thursday 30th  
Space Day



LUNCH + Water - BYO

Friday 1st  
Dress Up Disco












LUNCH + Water - BYO

# September / October 2021 Vacation Care

Keep this page for your records\*

**This is not the Booking Form**

<b>Week 1</b>	<b>Monday 20<sup>th</sup> September</b>	<b>Tuesday 21<sup>st</sup> September</b>	<b>Wednesday 22<sup>nd</sup> September</b>	<b>Thursday 23<sup>rd</sup> September</b>	<b>Friday 24<sup>th</sup> September</b>
					
<b>Week 2</b>	<b>Monday 27<sup>th</sup> September</b>	<b>Tuesday 28<sup>th</sup> September</b>	<b>Wednesday 29<sup>th</sup> September</b>	<b>Thursday 30<sup>th</sup> September</b>	<b>Friday 1<sup>st</sup> October</b>
					

**Keep this on your fridge so you know which days you have booked in**

# September / October 2021 Vacation Care

## VACATION CARE BOOKING FORM and CONFIRMATION OF CHILDCARE AGREEMENT

Monday 20<sup>th</sup> September – Friday 1<sup>st</sup> October 2021

**Please note that a separate form is required for each child**

### Parties to the Agreement:

**This Agreement is between:** \_\_\_\_\_ (Parent/Caregiver's full name) of  
\_\_\_\_\_ (address)

**and:** St Columba Anglican School Council Incorporated, ABN 42149714015 (Provider) for the care

of: \_\_\_\_\_, (Child's name) D.O.B \_\_\_/\_\_\_/\_\_\_, (Child's DOB)

Gender: M/F, (please circle), Year at School: \_\_\_\_\_ (Indicate Year K-6)

by Columba Cottage OSHC (Service), commencing on \_\_\_/\_\_\_/2021.

My child's immunisation is current: **Yes/No**

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

### Vacation Care

Day (please refer to booking form on reverse)	Usual Fee	Unit
Monday Tuesday Wednesday Thursday Friday	2021 – Early Bird \$81 2021 – Regular \$91 <b>Note:</b> Excludes excursion fees	Session Fee

### I confirm:

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

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/2021

**Please see back of page for Vacation Care booking options**

# September / October 2021 Vacation Care

## VACATION CARE BOOKING REQUIREMENTS FOR Monday 20<sup>th</sup> September - Friday 1<sup>st</sup> October 2021

### **PLEASE NOTE:**

**No bookings will be secured unless we have 2021 enrolment documentation on file.  
Please check with the OSHC Staff or Administration Staff if unsure.**

Please **circle** below any **permanent booking** days and dates you will require:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>Week 1</b>	20/09/2021	21/09/2021	22/09/2021	23/09/2021	24/09/2021
<b>Week 2</b>	27/09/2021	28/09/2021	29/09/2021	30/09/2021	01/10/2021

**Please Note: Please choose your days carefully as there are no refunds under any circumstances.  
Bookings are not confirmed until a confirmation email is sent by Columba Cottage Staff.**

Forms for all families using the service must be **submitted no later than Wednesday 8<sup>th</sup> September 2021**, to secure an **Early Bird rate** of \$81 per day. Any forms submitted after this date will incur the regular fee of \$91 per day. All excursions / incursions are charged at an additional cost.

From Thursday 9<sup>th</sup> September 2021 if you require additional days other than what is selected above, these will be charged at the regular rate – **note that the booking is only accepted if the day is available.**

**Note:** No Vacation Care enrolments or bookings will be honoured if there are outstanding fees from previous Vacation Care and/or Before/After School sessions.

***All families must have completed a Direct Debit form for payment of accounts.***

### **Parent Declaration:**

- I confirm all information on the latest Enrolment or Re-enrolment Form is current and correct.  
 I understand that all applicable fees will be charged to my account.

Parent/Caregiver's Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/2021

***Please ensure you have completed Confirmation of Childcare Agreement on reverse.***

### **Office Use ONLY:**

Date received: \_\_\_/\_\_\_/2021 Received by: \_\_\_\_\_ Current enrolment on file? Checked by: \_\_\_\_\_ (initials)

VTRs completed (circle): Yes No N/A

CCS Enrol checked:  Current  Re-submitted Initials: \_\_\_\_\_

Debit Success DDR form received and forwarded to accounts  Initials: \_\_\_\_\_

Booking entered by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/2021

OSHC Medical Management Plan up to date Yes or N/A Initials: \_\_\_\_\_

Booking checked and Confirmation email sent: \_\_\_\_\_ (initials) Date \_\_\_/\_\_\_-2021

**Columba Cottage Early Learning Centre**

Address: 1 Iona Avenue, Port Macquarie NSW 2444

Phone: 02 6581 4433

ABN: 42 149 714 015



APCA ID 518466 | AFSL 338256

**Direct Debit Request - Authorisation Form**

**Customer Details**

First Name:  Surname:

Phone:  Mobile:

Date of Birth:  /  /  QK Account Number

Address:

Suburb:  State:  Postcode:

Email Address:

**Select from the Following**

New Account  Change Account Details

**Payment Details**

Payment frequency:  Weekly *(default)* Day of the week:

First Payment Date:  /  /


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

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

Account Name:

BSB Number:

Account Number:

 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:  Visa  MasterCard

Card number:

Expiry Date:  /  Name on Card:

**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



ABN 32 095 551 581  
APCA ID 518466 | AFSL 338256

## 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.

#### SURCHARGE

I/We acknowledge that a surcharge amount can be applied to the payment amount requested by the business at a rate/value in accordance with this DDR.

I/We acknowledge that if a change is made to the nominated payment method listed on this DDR that a surcharge may apply to the updated payment method.

#### 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 business 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: [childcare@debitsuccess.com](mailto:childcare@debitsuccess.com)