 ABCC ENROLMENT FORM 2019

CHILD’S NAME:

Office use only:

Date entered: By:

Enrolment Type: CWA / RA / CW / AwO

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD, ATTENDING EITHER ST JOHN’S ANGLICAN COLLEGE ABCC OR ST JOHN’S EY ABCC. ALL SECTIONS MUST BE COMPLETED. ANY SECTION NOT COMPLETED WILL MEAN THE FORM IS RETURNED AND MAY CAUSE A DELAY IN YOUR CHILDS COMMENCEMENT DATE AT ABCC.

## PRIVACY:

The College adheres to the Australian Privacy Principles as set out in the Privacy Act (Cth) 1988. Further details are available in the College’s Privacy Procedure located on the College’s website.

**CHILD’S DETAILS:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***CHILDS NAME:*** | | |  | | | | | | | | | | | |
| ***HOME ADDRESS:*** | | |  | | | | | | | | | | | |
| ***DOB:*** |  | | | * ***MALE*** | * ***FEMALE*** | ***CLASS:*** | |  | ***COUNTRY OF BIRTH*** | | |  | | |
| ***CHILD’S CRN:*** | |  | | | | | ***FAMILY CRN HOLDER (FOR THIS CHILD):*** | | | | * ***MOTHER*** | | | * ***FATHER*** |
| ***ARE THERE ANY PARENTING ORDERS RELATING TO YOUR CHILD?*** | | | | | | | | | | * ***NO*** | | | * ***YES*** | |
| ***HAVE COPIES OF THE RELEVANT DOCUMENTATION BEEN PROVIDED?*** | | | | | | | | | | * ***NO*** | | | * ***YES*** | |
| ***RELEVANT DOCUMENTATION MAY INCLUDE PARENTING PLANS, PARENTAL RESPONSIBILITY PLANS, RESIDENCE ORDERS AND CONTACT ORDERS.*** | | | | | | | | | | | | | | |

**PARENT/GUARDIAN DETAILS:**

**PARENT /GUARDIAN 1 – ACCOUNT HOLDER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | ***EMAIL ADDRESS:*** | |  | | | |
| ***NAME:*** | | |  | | | | | | | | | | | |
| ***HOME ADDRESS:*** | | |  | | | | | | | | | | | |
| ***DOB:*** |  | | | * ***MALE*** | * ***FEMALE*** | ***COUNTRY OF BIRTH:*** | | | |  | | ***RELATION TO CHILD:*** | |  |
| ***Phone:*** | | | Home | | | | Mobile | | | | | | Work | |
| ***FAMILY CRN:*** | |  | | | | | | ***NO OF CHILDREN IN CARE (INCLUDING CHILD STATED ABOVE):*** | | | | | |  |
| ***WORK STATUS:*** | | | * NOT APPLICABLE | | | | * WORK > THAN 15 HOURS PER WEEK | | | | | | * LOOKING FOR WORK | |
|  | | | * STUDYING/TRAINING | | | | * DISABILITY / DISABILITY CARER | | | | | |  | |
| ***OCCUPATION:*** | | |  | | | | | | ***WORKPLACE SUBURB:*** | | | |  | |
| ***THE DATE OF BIRTH AND CENTRELINK REFERENCE NUMBERS (CRN) FOR THE ACCOUNT HOLDER AND EACH CHILD ARE REQUIRED FOR THE PURPOSES OF LINKING FOR CHILD CARE Subsidy. FAMILIES MUST BE ASSESSED AS ELIGIBLE FOR CCS, PLEASE CONTACT THE DHS ON 136150 FOR FURTHER INFORMATION.*** | | | | | | | | | | | | | | |

**PARENT /GUARDIAN 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | ***EMAIL ADDRESS (IF DUPLICATE STATEMENT/RECEIPT REQUIRED):*** | | | | | | |  | | | | |
| ***NAME:*** | | |  | | | | | | | | | | | | | |
| ***HOME ADDRESS:*** | | |  | | | | | | | | | | | | | |
| ***DOB:*** |  | | | * ***MALE*** | | * ***FEMALE*** | ***COUNTRY OF BIRTH:*** | | | |  | | ***RELATION TO CHILD:*** | |  | |
| ***Phone:*** | | | Home | | | | | Mobile | | | | | | Work | |
| ***FAMILY CRN:*** | |  | | | | | | | ***NO OF CHILDREN IN CARE (INCLUDING CHILD STATED ABOVE:*** | | | | | |  | |
| ***WORK STATUS:*** | | | * NOT APPLICABLE | | | | | * WORK > THAN 15 HOURS PER WEEK | | | | | | * LOOKING FOR WORK | | |
|  | | | * STUDYING/TRAINING | | | | | * DISABILITY / DISABILITY CARER | | | | | |  | | |
| ***OCCUPATION:*** | | |  | | | | | | | ***WORKPLACE SUBURB:*** | | | |  | | |

### PLEASE CHECK THE APPROPRIATE BOX:

### Office Use Only

|  |  |  |
| --- | --- | --- |
| I am eligible and wish to claim the Child Care Subsidy. 🞏 |  | Complying Written Agreement |
| I am eligible but choose not to claim the Child Care Subsidy. 🞏 |  | Relevant Arrangement |
| I am ineligible to claim the Child Care Subsidy. 🞏 |  | Relevant Arrangement |
| My child care is paid by a third party organisation. 🞏 |  | Arrangement with Organisation |
| I am providing documentation confirming a ‘child at risk’ attendance. 🞏 |  | ACCS Child Wellbeing |

### If you are eligible and wish to claim Child Care Subsidy, please ensure you have registered with myGov. Once your enrolment has been processed by ABCC, please log onto your myGov account and verify booking details to ensure you receive any rebates you are eligible for.

### AUTHORISED NOMINEE / EMERGENCY CONTACT DETAILS:

Please list the details of all persons, other than parents/guardians nominated in Section 2, who are authorized to collect your child and/or can be contacted in case of emergency. We require, at least, one emergency contact person who is able to authorize emergency medical treatment or collect child.

## Authorised Contact 3 Authorised Contact 4

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Name:*** |  | |  | ***Name:*** |  | |
| ***Address:*** |  | | ***Address:*** |  | |
| ***Phone Mobile:*** | |  | ***Phone Mobile:*** | |  |
| ***Home:*** | |  | ***Home:*** | |  |
| ***Work:*** | |  | ***Work:*** | |  |
| ***Relationship to child:*** | |  | ***Relationship to child:*** | |  |
| ***Able to Collect child:*** | | * Yes  No | ***Able to Collect child:*** | | * Yes  No |
| ***Emergency Contact:*** | | * Yes  No | ***Emergency Contact:*** | | * Yes  No |
| ***Excursion:*** | | * Yes  No |  | ***Excursion:*** | | * Yes  No |
| ***Medication:*** | | * Yes  No |  | ***Medication:*** | | * Yes  No |

### HEALTH/MEDICAL DETAILS

|  |  |  |
| --- | --- | --- |
| ***DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS?:*** | | * Yes  No |
| ***IF YES, PROVIDE DETAILS:*** |  | |
| ***DOES YOUR CHILD REQUIRE REGULAR MEDICATION?:*** | | * Yes  No |
| ***IF STAFF WILL BE REQUIRED TO ADMINISTER MEDICATION, A SEPARATE MEDICATION AUTHORITY FORM IS TO BE COMPLETED BY THE PARENT/GUARDIAN. ALL MEDICATION IS TO BE PROVIDED IN ORIGINAL PACKAGING WITH THE CHILD’S NAME AND DOSAGE.*** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***DOES YOUR CHILD HAVE ANY ALLERGIES ?:*** | | * Yes  No | | | | |
| ***IF YES, PROVIDE DETAILS:*** |  | | | * Mild  Severe  Anaphylaxis | | |
| ***IF ANAPHYLAXIS, DOCUMENT / MEDICATION SUPPLIED:***  ***ACTION PLAN VALID FOR 1 YEAR FROM ISSUE*** | | | * Anaphylaxis Action Plan   Expiry Date: | | * EPI Pen   Expiry Date: | * Other Medication   Name: Expiry Date: |
| ***PLEASE PROVIDE ALLERGY MANAGEMENT PLAN RELATING TO YOUR CHILD.*** | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***DOES YOUR CHILD SUFFER FROM ASTHMA ?:*** | | * Yes  No | | | | |
| ***IF YES, PROVIDE DETAILS:*** |  | | | * Mild  Severe | | |
| ***ASTHMA DOCUMENT / MEDICATION SUPPLIED:***  ***ACTION PLAN VALID FOR 1 YEAR FROM ISSUE*** | | | * Asthma Action Plan   Expiry Date: | | * Ventolin (ABCC)   Expiry Date: | * Ventolin   College has given permission for child to carry and self-medicate. |
| ***PLEASE PROVIDE Asthma MANAGEMENT PLAN RELATING TO YOUR CHILD.*** | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***DOES YOUR CHILD HAVE ANY SPECIFIC DIETARY REQUIREMENTS?:*** | | | | | * Yes  No |
| ***DOES YOUR CHILD HAVE ANY FOOD INTOLERANCES?:*** | | * Yes  No | | | |
| ***IF YES, PROVIDE DETAILS:*** |  | | | | |
| ***IF YES, IS THE INTOLERANCE/ALLERGY LIFE THREATENING?:*** | | | * Yes  No | | |
| ***FOOD INTOLERANCE/ALLERGY MANAGEMENT PLAN SUPPLIED:***  ***MANAGEMENT PLAN VALID FOR 1 YEAR FROM ISSUE*** | | | | * Yes  No | |
| ***IF YOU HAVE ANSWERED YES TO ANY QUESTIONS IN SECTION 4 (EXCLUDING IMMUNIZATION INFORMATION), PLEASE COMPLETE SECTION BELOW (MEDICAL CONDITION ADDENDUM) ONLY ON RECEIPT OF DOCUMENTS FROM ABCC STAFF.*** | | | | | |

**IMMUNIZATION INFORMATION**

|  |  |
| --- | --- |
| ***IS YOUR CHILD’S IMMUNIZATION STATUS UP TO DATE?*** | * Yes  No |
| ***DATE OF LAST TETANUS INJECTION?*** |  |
| ***FAILURE TO MAINTAIN IMMUNIZATIONS IN LINE WITH SCHEDULE WILL AFFECT YOUR CHILD CARE SUBSIDY ELIGIBILITY .*** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***13VPCV*** | * Yes  No |  | ***Hep B*** | * Yes  No |  | ***MenCCV*** | * Yes  No |
| ***23vPPV*** | * Yes  No | ***Hib*** | * Yes  No | ***OPV/IPV*** | * Yes  No |
| ***DTPa*** | * Yes  No | ***Influenza*** | * Yes  No | ***Rotavirus*** | * Yes  No |
| ***Hep A*** | * Yes  No | ***MMR*** | * Yes  No | ***VZV*** | * Yes  No |

**MEDICAL CONDITION ADDENDUM**

**THIS SECTION NEEDS TO BE SIGNED ON RECEIPT OF POLICIES 2.1, 2.2 & 2.3 AND IN THE PRESENCE OF A COLLEGE STAFF MEMBER.**

If this enrolment form contains any YES answers in the Health & Medical Details Section, then the Nominated Supervisor must ensure families receive the following information and that parent/guardians have read and understood the following information by signing and dating:

***PARENT / GUARDIAN:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***NAME:*** |  | ***SIGNED:*** |  | ***DATE:*** |  |

I have received a copy of the following ABCC Policies and Procedure documents

* 1. Medical Conditions Policy **2.3** Administering Medication Policy **2.4** Anaphylaxis and Other Medical Issues Management Plan

***WITNESS:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***NAME:*** |  | ***SIGNED:*** |  | ***DATE:*** |  |

### MEDICAL PRACTITIONER DETAILS (MINIMUM ONE REQUIRED)

Doctor 1 Doctor 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***NAME:*** |  |  | ***NAME:*** |  |
| ***SURGERY NAME:*** |  | ***SURGERY NAME:*** |  |
| ***ADDRESS:*** |  | ***ADDRESS:*** |  |
| ***PHONE:*** |  | ***PHONE:*** |  |

***FAMILY MEDICARE NO:***

**ADDITIONAL INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***DOES YOUR CHILD HAVE ANY RELIGIOUS/CULTURAL NEEDS?*** | | | * Yes  No | | | | |
| ***IF YES, PROVIDE DETAILS:*** | |  | | | | | |
| ***DOES YOUR CHILD HAVE ANY DISLIKES, FEARS OR PHOBIAS?:*** | | | * Yes  No | | | | |
| ***IF YES, PROVIDE DETAILS:*** | |  | | | | | |
| ***IS YOUR CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT?:*** | | | | | | * Yes  No | |
| ***IS YOUR CHILD FROM A NON-ENGLISH SPEAKING BACKGROUND?:*** | | | | * Yes  No | | | |
| ***IF YES, NATIONALITY:*** |  | | | | | | |
| ***WOULD YOU LIKE INFORMATION FROM GOVERNMENT REGULATORS OR ADDITIONAL ABCC INFORMATION?:*** | | | | | | | * Yes  No |
| ***IF POSSIBLE, DO YOU REQUIRE A LANGUAGE OTHER THAN ENGLISH?:*** | | | | | * Yes  No | | |

**2019 Fee Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| Session | Description | | Charge |
| Before School Care | ***Short*** | In after 7.45 am | $8.20 |
| ***Long*** | In before 7.45 am | $13.00 |
| After School Care | ***Short*** | Collected by 4.00 pm | $9.50 |
| ***Long*** | Collected after 4.00 pm | $20.10 |
| Vacation Care | ***Weekly*** | 5 Days in 1 week | $237.60 |
| ***10 Day Fortnight*** | Booked & paid for by Last Day for Guaranteed Booking date on booking form for all 10 days in CCS fortnight. Signed in after 7.00 am and out before 5.00 pm. |  |
| ***Daily*** | Booked & paid for by Last Day for Guaranteed Booking date on booking form. | $50.00 |
| ***Casual*** | For bookings not made & paid for by Last Day for Guaranteed Booking Date on booking form. | $57.10 |
| ***Half Day*** | Collected by 12.30 pm or signed in after 1.00 pm | $25.00 |

Prices quoted for vacation care do not include any incursions or excursions scheduled. Scheduled incursions are compulsory for

children attending both the SJAC ABCC or EY ABCC. Excursions as compulsory for children from Prep to Year 6.

Kindergarten children are not eligible to attend off campus excursions. Charges for these activities will be charged directly

to your ABCC account.

**2019 Administration Fee Schedule**

|  |  |
| --- | --- |
| Non Booking Fee |  |
| Vacation Care Administration Fee |  |
| Absence |  |
| *Morning* | $13.00 |
| *Afternoon* | $20.10 |
| *Vacation Care* | $47.52 |

An absence will be charged to your account whereby the required 24 hours’ notice to cancel / change a booking has not been given.

Notice must be received 24 hours prior to the commencement of the relevant session.

**Booking Requirements**

**Little Saints (Kindy Children)**

***PERMANENT DAYS: BEFORE SCHOOL CARE***

|  |  |  |
| --- | --- | --- |
| ***WEEK 1*** | ***START DATE:*** | * Mon  Tues  Wed  Thurs  Fri |
| ***WEEK 2*** | ***START DATE:*** | * Mon  Tues  Wed  Thurs  Fri |

***PERMANENT DAYS: AFTER SCHOOL CARE***

|  |  |  |
| --- | --- | --- |
| ***WEEK 1*** | ***START DATE:*** | * Mon  Tues  Wed  Thurs  Fri |
| ***WEEK 2*** | ***START DATE:*** | * Mon  Tues  Wed  Thurs  Fri |

***CASUAL CARE:*** 🗹

**St John’s Anglican College (Prep – Year 6)**

***PERMANENT DAYS: BEFORE SCHOOL CARE***

|  |  |  |
| --- | --- | --- |
| ***WEEK 1*** | ***START DATE:*** | * Mon  Tues  Wed  Thurs  Fri |

***PERMANENT DAYS: AFTER SCHOOL CARE***

|  |  |  |
| --- | --- | --- |
| ***WEEK 1*** | ***START DATE:*** | * Mon  Tues  Wed  Thurs  Fri |

***CASUAL CARE:*** 🗹

Vacation Care programs and booking forms are available at least 2 weeks before the vacation care period starts. The program has a mix of in- house activities and excursion days.

Bookings are essential by returning the booking form, available on the College Website. Cancellations for booked days must have 24 hours’ notice or the fee for that session will be charged. If an activity or excursion has been scheduled on a day where care was booked, and then cancelled, any charge levied by the Activity Supplier will be applied to the family’s account.

### PERMISSION & AGREEMENT DETAILS

**This pertains to your child’s continued attendance at ABCC so take the time to read before you continue. (Please tick the appropriate boxes and initial beside each to signal your agreement)**

|  |  |
| --- | --- |
| **** | I give my consent to the information contained in this document being available to the Educators employed to work with my child in the ABCC Program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child. |
| **** | I agree to notify the Nominated Supervisor, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/guardian. |
| **** | I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular, ensuring eligibility for CCB, providing my/our date of birth and providing family and child Customer Reference Numbers. |
| **** | I agree to inform the Nominated Supervisor of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the service policy. |
| **** | I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions. |
| **** | I agree to pay for all fees (including excursion costs) of the days that my child attends the program. I understand that 24 hours’ notice of non-attendance must be given otherwise I will be liable for, and charged, for the booked sessions. |
| **** | I authorize ABCC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for ABCC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made to contact me in the event of any illness or accident. |
| **** | I authorize ABCC staff to liaise with other health/medical professionals in relation to the care of my child if required. |
| **** | I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease. |
| **** | I give permission for ABCC staff to assist my child to apply a SPF 30+ sunscreen prior to outdoor activities **OR BELOW** |
| **** | I will supply my own sunscreen for my child to apply a SPF 30+ sunscreen prior to outdoor activities |
| **** | I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see (including on St John’s Anglican College ABCC website – families only access) and will also be used for the purposes of programming and evaluation. |
| **** | I understand that should my child’s behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child. |
| **** | I agree to receive promotional material, programs, newsletters and/or account statements via email. |
| **** | I agree to adhere to the ABCC Policies and Procedures, as outlined in the ABCC Family Handbook |

***PARENT/GUARDIAN 1:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***NAME:*** |  | ***SIGNED:*** |  | ***DATE:*** |  |

***PARENT/GUARDIAN 2:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***NAME:*** |  | ***SIGNED:*** |  | ***DATE:*** |  |

### KINDERGARTEN EXCURSION FORM – LITTLE SAINTS PARENTS ONLY TO COMPLETE

During Term time and Vacation Care St John’s Early Years ABCC may program activities outside the Kindergarten area but still within the precinct of Alpine Campus.

The areas which could be visited include:

|  |  |  |
| --- | --- | --- |
| ***PLAYGROUNDS*** | ***OVAL*** | ***TENNIS COURTS*** |
| ***UNDER COVERED AREA*** | ***PRIMARY ABCC ROOMS*** | ***COLLEGE CHAPEL*** |

I, , the parent/guardian of

give permission for my child to participate in activities to be programmed outside the Little Saints Kindergarten area but inside the St John’s Anglican College Alpine Campus precinct during Term time and the Vacation Care periods.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***NAME:*** |  | ***SIGNED:*** |  | ***DATE:*** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Term Time Care** | |  |  |  |
|  | Date | Amount | Receipt | By |
| Term 1 | 12/2/19 |  |  |  |
| 26/2/19 |  |  |  |
| 12/3/19 |  |  |  |
| 26/3/19 |  |  |  |
| 9/3/19 |  |  |  |
| Term 2 | 7/5/19 |  |  |  |
| 21/5/19 |  |  |  |
| 4/6/19 |  |  |  |
| 18/6/19 |  |  |  |
| 2/7/19 |  |  |  |
| Term 3 | 23/7/19 |  |  |  |
| 6/8/19 |  |  |  |
| 20/8/19 |  |  |  |
| 3/9/19 |  |  |  |
| 17/9/19 |  |  |  |
| 1/10/19 |  |  |  |
| Term 4 | 15/10/19 |  |  |  |
| 29/10/19 |  |  |  |
| 12/11/19 |  |  |  |
| 26/11/19 |  |  |  |
| 10/12/19 |  |  |  |
| **Vacation Care** | |  |  |  |
|  | Date | Amount | Receipt | By |
| April | 1/4/19 |  |  |  |
| 8/4/19 |  |  |  |
| June | 17/6/19 |  |  |  |
| 24/6/19 |  |  |  |
| 1/7/19 |  |  |  |
| 8/7/19 |  |  |  |
| September | 17/9/19 |  |  |  |
| 24/9/19 |  |  |  |
| December | 3/12/19 |  |  |  |
| 10/12/19 |  |  |  |
| 17/12/19 |  |  |  |
| January | 24/12/19 |  |  |  |
| 7/1/20 |  |  |  |
| 14/1/20 |  |  |  |
| 21/1/20 |  |  |  |

## 

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ABCC Credit Card Authorisation Form***

Please complete and return to allow ABCC to automatically process payments for

term time care and vacation care. Payments for vacation care will be deducted

as per the vacation care Booking Form payment due dates. A quote will be provided

confirming all permanent term time bookings. Please note that all quotes are

processed at the long session rate.

1, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize St John’s Anglican College

ABCC, to process payment of my ABCC fees are per the attached schedule.

I request that ABCC factor in any changes from Long to Short sessions or session

Cancellations when processing my payment and understand that therefore a payment

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card No: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Expiry Date: \_\_ / \_\_ CCV No: \_\_ \_\_ \_\_

Amount: ***Term Time*** $ \_\_\_\_\_\_\_\_\_\_\_/ per fortnight (as per quote)

***Vacation Care*** $ As per vacation care statement issued

Please factor in any short sessions or cancellations. Confirming my payment can be processed for less than the quote provided. Yes 🗌 No 🗌