

Enrolment APPLICATION



SUNCOAST
CHRISTIAN COLLEGE



SUNCOAST
**Little
Learners**

suncoastlittlelearners.com.au

LITTLE LEARNERS ENROLMENT APPLICATION

CHILD INFORMATION

Child's full legal name:

Child's CRN (Customer Reference Number):

(Issued by Family Assistance Office Ph: 136 150)

First name (to be known as):

Male/Female:

Residential address:

Home phone:

Health Care No:

Expiry:

Date of birth:

Country of birth:

Is the child of Indigenous descent? ☐ Yes ☐ No

Torres Strait descent? ☐ Yes ☐ No

Languages spoken at home:

Are there any religious, cultural or personal beliefs for your child or family that require consideration from our centre? ☐ Yes ☐ No

Previous care arrangements (e.g. day care 1 day per week, no previous care):

Duration:

FAMILY INFORMATION

Father or Legal Guardians

Mother or Legal Guardians

CRN:

CRN:

Married () Separated () Divorced ()

Married () Separated () Divorced ()

Single () Widower ()

Single () Widower ()

Title:

Title:

Given and surname:

Given and surname:

DOB:

DOB:

Drivers licence:

Drivers licence:

Medicare Number

Medicare Number

Medicare Position on card (eg. 2, 3, 4)

Medicare Position on card (eg. 2, 3, 4)

Medicare Expiry

Medicare Expiry

Home address:

Home address:

Postal address:

Postal address:

Resides with child: Yes/No

Resides with child: Yes/No

Phone - home:

Phone - home:

work:

work:

mobile:

mobile:

Email for Centre contact:

Email for Centre contact:

Country of birth:

Country of birth:

Arrival date in Australia if born overseas:

Arrival date in Australia if born overseas:

Ethnicity or cultural background:

Ethnicity or cultural background:

First language:

First language:

Occupation:

Occupation:

Employer:

Employer:

Is your family involved in a church?

Is your family involved in a church?

Church name/denomination:

Church name/denomination:

Parent/Guardian name registered for Child Care Benefits? Father () Mother () Guardian ()

LONG DAY CARE OPTIONS

PRE-KINDERGARTEN

Commencing: ____/____/____

I would like to express interest in enrolling my child in:

☐ Pre-Kindy (Children 2 ½ years – 5 Years) 6:45am – 5:45pm flexible program - 48 weeks

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday (please tick the required days)

KINDERGARTEN OPTIONS (Year before Prep)

Commencing: ____/____/____

I would like to express interest in enrolling my child in: (please place a '1' in your most preferred option and a '2' in your second preference etc in the appropriate boxes)

Option 1:

☐ Kindergarten | 7:45am – 3:15pm | 40 weeks

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday (please tick the required days)

Option 2 (Five day fortnight):

☐ Kindergarten | 7:45am – 3:15pm | 40 weeks (Monday, Tuesday, alternate Wednesday program) - Five day fortnight

Option 3 (Five day fortnight):

☐ Kindergarten | 7:45am – 3:15pm | 40 weeks (Thursday, Friday, alternate Wednesday program) - Five day fortnight

KINDY PLUS

I require additional after hours care (from 6:45am-7:45am, 3:15pm-5:45pm for my child at \$5 per day.

☐ Yes ☐ No (If yes, please nominate days required)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday (please tick the required days)

OUTSIDE SCHOOL HOURS CARE OPTIONS

BEFORE SCHOOL CARE

Commencing: ____/____/____

I would like to express interest in enrolling my child in:

☐ Before School Care (School Aged Children) 6:45am – 8:15am flexible program (Term Time Only)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday (please tick the required days)

AFTER SCHOOL CARE

Commencing: ____/____/____

I would like to express interest in enrolling my child in:

☐ After School Care (School Aged Children) 3:00pm – 5:45pm flexible program (Term Time Only)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday (please tick the required days)

PERSONS AUTHORISED TO COLLECT CHILD & EMERGENCY CONTACTS

- ☐ I/We give permission for a Little Learners staff member to deliver or collect my child from the centre in special circumstances. I will notify the Director of the particulars of each situation.
- ☐ I/We authorise a Little Learners staff member to escort my child to and from the bus.
- ☐ I/We give permission for my child to be signed IN /OUT of the Centre by their siblings. Please note that siblings must be in Senior School, Years 11&12, to be able to collect a child from the centre.

OTHER THAN PARENTS/GUARDIANS (MUST BE OVER 18 YEARS OF AGE)

Only the persons listed below will be authorised to collect a child and persons ticked YES below will be authorised to collect the child from Suncoast Little Learners in the event of illness or emergency. Current identification will be required.

CONTACT 1

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from Suncoast Little Learners.

☐ Yes ☐ No

CONTACT 2

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from Suncoast Little Learners.

☐ Yes ☐ No

CONTACT 3

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from Suncoast Little Learners.

☐ Yes ☐ No

CONTACT 4

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from Suncoast Little Learners.

☐ Yes ☐ No

CONTACT 5

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from Suncoast Little Learners.

☐ Yes ☐ No

CONTACT 6

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from Suncoast Little Learners.

☐ Yes ☐ No

CUSTODY OR ACCESS NOTICES

Current copies of orders and/or agreements must be provided to Suncoast Little Learners with this enrolment form. Updates must be provided throughout the duration of the child's placement at the Centre. Failure to provide current orders may result in the cancellation of the child's placement.

Are there current Family Court Orders pertaining to this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a current Restraining Order which involves this child or a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a current Parenting Plan or Statement of Agreement pertaining to this child? Must be signed by both parents.	<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY DOCTOR

Doctor/Practice name:

Address:

Phone:

HEALTH DETAILS

Was the birth of your child: ☐ Premature ☐ Full Term ☐ Normal ☐ Difficult

Birth history that may affect your child's development ☐ Forceps ☐ Complications ☐ Other (Please specify:)

Has your child been hospitalised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for hospitalisation:		
Does your child have allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify allergies:		
Has your child had any serious illnesses or accidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify illness/accident:		
Does your child have a physical disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify disability:		
Does your child have a learning delay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify learning delay:		
Is your child under medical treatment at present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify medical treatment:		
Do you have any concerns about your child's development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify concerns:		

* If you require further space, please attach additional page/s and sign

Please note: If your child has a long term illness eg epilepsy, asthma, anaphylactic reaction, severe allergies or disabilities, Suncoast Little Learners requires a management plan from your Doctor detailing medication and its administration and procedures for emergencies.

KINDERGARTEN PROGRAM

Your child will be participating in the Queensland Kindergarten Program at our centre.

Does your child attend another Queensland Kindergarten Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you nominate your Kindergarten funding to Suncoast Little Learners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Health Care Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, number & expiry		

PERMISSIONS

SIGNATURES REQUIRED THIS SECTION



Child's full legal name:

MEDICAL

- ☐ I/We give permission for First Aid to be administered to my child by Suncoast Little Learners.
- ☐ I/We require medication to be administered to my child as part of their Individual Health Care Plan.
- ☐ I/We consent to Educators at Suncoast Little Learners administering Ventolin and/or Epi Pen injection to my child when undiagnosed but considered reasonable and necessary in an emergency.
- ☐ I/We give permission for my child to be administered children's Panadol (or equivalent), if my child has a fever and is unable to be collected from the Suncoast Little Learners. I understand that every effort will be made by staff to contact parents/guardians prior to my child receiving the Panadol.
- ☐ I/We give permission for my child to have insect repellent applied to them when deemed necessary.



Signed Mother/guardian

Date:



Signed Father/guardian

Date:

ONLY SIGN IF APPLICABLE: Administration of life saving medication (eg. Epipen or ventolin)

I give permission to Suncoast Little Learners Staff to administer ventolin/epipen to my child in an emergency situation. I also provided Suncoast Little Learners with an action plan from my doctor including information about how this medication would be used

- **Adrenaline (Epipen) for treatment of anaphylaxis; and**
- **Salbutamol inhaler (Ventolin) for the treatment of acute asthma.**



Signed Mother/guardian

Date:



Signed Father/guardian

Date:

PHOTOGRAPHS

Periodically Suncoast Little Learners' staff will take photographs as a pictorial record of the educational programs and the children's participation in them. These photographs are displayed for parents to view and may be published in the College newsletter, magazine, year book, website, advertising and other promotional material.

I understand that my child's photograph will be taken within the context of the Centre's education programs



Signed Mother/guardian

Date:



Signed Father/guardian

Date:

SUNSCREEN

Suncoast Little Learners provides sunscreen. It is Suncoast Little Learners' policy that parents apply sunscreen to their child upon arrival at the classroom. Staff will re-apply sunscreen throughout the day.

I understand that staff will reapply sunscreen to my child throughout the day as necessary. I/We will supply specific sunscreen in the event my child has an allergy to sunscreen supplied by Suncoast Little Learners.



Signed Mother/guardian

Date:



Signed Father/guardian

Date:

EXCURSIONS

I give permission for my child to attend regular excursions (such as to the College Library & Bush Kindy on a weekly basis) within the Suncoast campus and also at other times as deemed appropriate by the Teacher.



Signed Mother/guardian

Date:



Signed Father/guardian

Date:

PARENT/GUARDIAN PARTICIPATION

The Centre has an open door policy and welcomes parents to visit at any time. Do you have any skills, interests or knowledge that you would be willing to share with Suncoast Little Learners? Please include things that may enhance the children's program.

1

2

3

ENROLMENT AGREEMENT

- ☐ I/We the parent/guardian agree to the following terms and conditions regarding attendance of my/our child at Suncoast Little Learners.
- ☐ I/We understand and accept that fees must be paid fortnightly in advance at all times of attendance and that normal fees are payable at all times including for any periods of absence of my/our child for illness, holiday, public holiday or for any other reason whatsoever.
- ☐ I/We understand that if fees are not paid, my/our child's continued enrolment at Suncoast Little Learners cannot be guaranteed.
- ☐ I/We understand that a Priority of Access system is applied at Suncoast under conditions laid by the Federal Government whereby the children of working parents must be given priority over those of non-working parents.
- ☐ I/We agree to notify Suncoast Little Learners promptly of any absence on the enrolled day. I/We agree to give (2) weeks' notice of intention to withdraw my/our child from the Centre, or pay two weeks' fees in lieu of such notice period.
- ☐ I/We agree to keep the child home while he/she is suffering from any infections or contagious illness, or when he/she is in such poor health as to be unfit for normal day care conditions.
- ☐ I/We agree that if, in the case of sudden illness or accident, if the parents cannot be contacted, the Director as agent for the parents will have the discretionary power to seek immediate medical attention.
- ☐ If, at any time, my/our child is in need of emergency medical, hospital or ambulance service and neither parent/guardian can be located, I/we give my/our consent for their use at my/our expense.
- ☐ I/We will ensure that the child is accompanied to and from the Suncoast Little Learners by a responsible person over the age of 18 years, that the child will be signed in and out at the appropriate locations on each day of attendance, that any absences will be signed for as required and that the staff member in charge is notified of arrivals and departures.
- ☐ I understand that Kindergarten Enrolment is charged at 40 weeks per year including and up until the final day of Term 4 of each year.
- ☐ I/We understand that Little Learners is founded on the basis of Biblical Christian values and I will support the centre in these faith endeavors and the teaching and programs offered.

SIGNATURES REQUIRED



Signed Mother/guardian

Date:



Signed Father/guardian

Date:

APPLICATION FOR ENROLMENT

Please complete all pages of this form and forward to:
Suncoast Little Learners, PO Box 5254, SUNSHINE COAST MC QLD 4560

Corner Schubert & Kiel Mountain Roads | WOOMBIE QLD 4559

Phone: (07) 5451 3600 Fax: (07) 5442 2212

Email: info@suncoastcc.qld.edu.au Web: www.suncoastcc.qld.edu.au

NB: Full and honest disclosure is required to ensure this enrolment proceeds.
It is the applicant's responsibility to update information when changes occur.

PRIVACY NOTICE

Protecting the Privacy and confidentiality of personal information about you and the child is important. We want to ensure that you are aware of various matters relating to our collection and use of that information.

1. The Suncoast Christian College collects personal information about the child and their Parents/Guardians from time to time during the child's enrolment at the College.
2. The primary purpose of collecting the information is to enable the College to plan for the education of the child.
3. If we do not collect the information we may not be able to enrol or continue the enrolment of the child.
4. From time to time the College is required to disclose the information for administrative and educational purposes.
5. Parents/Guardians may access the information collected about them. There may be occasions when access to the information is denied.
6. Personal information collected about a child may be disclosed to their parent/guardian.
7. Information such as achievements, activities, news and photos may be published in the College newsletter, facebook, magazine, year book, website, advertising and other promotional material.
8. From time to time the College engages in fundraising activities. The information may be used to make an appeal to you or disclosed to organisations that assist the College in its fundraising activities.
9. The College will not disclose personal information to third parties for their marketing purposes.

By signing the Application for Enrolment you confirm your consent to the collection and use of the personal information. Unless you withdraw your consent in writing, the College will act on the basis that it has your consent to each such collection and use.

ACKNOWLEDGEMENT

I/We acknowledge and accept the purposes of the Suncoast Little Learners and willingly endorse a Christ-centred education for my/our child. I/We consent to the collection and use of personal information on the basis detailed in the Privacy Notice.

If this application results in the enrolment of the child, I/we agree to comply and ensure that the child complies with the conditions of entry and Suncoast Little Learners' Policies.

In accordance with the National Law and Regulations, our educators will support each child to manage their own behaviour, respond appropriately to the behaviour of other children and communicate effectively to resolve conflicts. We will also work with each child's family to support any children with diagnosed behaviour and social difficulties. I/We understand that my/our child's enrolment at Suncoast Little Learners may be terminated if the Nominated Supervisor decides my/our child's behaviour threatens the safety, health or wellbeing of any other child at Suncoast Little Learners.

I/We hereby apply for the child named in this application to be enrolled at Suncoast Little Learners and request the College to exercise its discretion to enrol the child, in our favour.

I/We have attached copies of the following documents:

- ☐ Birth Certificate ☐ Immunisation Register ☐ Custody/Parenting Order (is applicable)
- ☐ Child's Health Care Card ☐ Medical Action Plan from Doctor



Signed Mother/guardian

Date:



Signed Father/guardian

Date:

Signature: Director Suncoast Little Learners
on behalf of Suncoast Little Learners

Date:

MORE ABOUT YOUR CHILD

These questions are applicable to your child's stage of development

The name my child prefers to be called is:

My child's interests/hobbies are:

My child's strengths are:

My child might still need help with:

Our favourite family activities are:

Additional information to assist staff understanding your child better:

Sleeping Habits *(children enrolled in OSHC please go to next question)*

What time does your child go to bed? (pm) What time do they awake? (am)

Does your child have an afternoon sleep? ☐ Yes ☐ No If yes, approximately at what time/s?

How does your child like to go to sleep? (eg with a special toy, pacifier, comfort blanket, likes to be patted, likes to be read to, listens to music, left alone?)

Note: Please note that it is a Government regulation that all children attending child care must have a designated physical rest period.

Toilet Habits *(children enrolled in OSHC please go to next question)*

Is your child toilet trained? ☐ Yes ☐ No *(Please note children who are not yet toilet trained are encouraged to wear nappies or pull-ups)*

Dietary Requirements

Does your child have any special dietary requirements?

Does your child have any allergic reactions to any food/s?

Siblings

Does your child have any siblings? ☐ Yes ☐ No

Full name:	Age:	Which school/childcare:
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Full name:	Age:	Which school/childcare:
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Full name:	Age:	Which school/childcare:
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Full name:	Age:	Which school/childcare:
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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"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Phone Number:	<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"/>	<small>This is the maximum amount to deduct at each centre where a balance occurs</small>		
	<small>\$0.00 or Blank = No Limit</small>			
Surcharge:	Visa/MasterCard: <input type="checkbox"/> paid by centre	AMEX: <input type="checkbox"/> paid by centre	Bank Account: <input type="checkbox"/> paid by centre	Admin Fee: <input type="checkbox"/> paid by centre
Payment frequency:	<input type="checkbox"/> Weekly (default)	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 4-Weekly	Day of the week: <input type="text"/>
	<input type="checkbox"/> Monthly			Day of the month: <input type="text"/>
First Payment Date:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <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 184534 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"/>	<input type="text"/>	<input type="text"/>
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <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

 /



ABN 32 095 551 581
APCA ID 184534 | 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 184532 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.

DISHONOURD 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 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



Love. Learning. Adventure.

SUNCOAST LITTLE LEARNERS

A Suncoast Christian College,
Cnr Schubert & Kiel Mountain Roads, Woombye QLD 4559

P 5451 3600

E kcullen@suncoastcc.qld.edu.au

www.suncoastlittlelearners.com.au