



Early Years Care

Family Day Care Enrolment Package 2022

Please note that all requirements and documentation must be approved by the office before starting care.

Enrolment fee: \$50.00 (to be paid directly to Early Years Care)

Direct Deposit:

Early Years Care & Education Pty Ltd

BSB: 641 800

Account No: 200927342

Please leave child's name as reference

All other fees are paid directly to your educator

Child Enrolment Form



Early Years Care

Dear Families,

Welcome to Early Years Care. Please ensure all parts of the form are completed and that you pay the fee to assist with the enrolment process. Please read all authorisations thoroughly before signing. Please note we are unable to enrol a child without evidence of immunisation. This is a legal requirement. We also cannot enrol your child without emergency contact details. Please attach a copy of your child's birth certificate or passport and their immunisation status report.

Thank you

Marie Armstrong
Approved Provider /Educational Leader
marie@earlyyearscares.com.au

CHILD'S DETAILS:

First Name:

Middle Name:

Surname:

Identifying sex:

Male

Female

Date of Birth:

d

d

m

m

y

y

y

y

What is your child's cultural background?

Aboriginal

Torres Strait or South
Sea Islander

Other (please
specify)

Home Address:

State:

Postcode:

Child's CRN:
(compulsory)

Place of Birth:

Languages spoken
at Home:

Start Date:

Educators
Name:

Educators
Suburb:

Is your child currently receiving funding or is an application for Inclusion Support currently being processed at another service. Yes No

Is the child related to the educator? Yes No

In what capacity?

PLEASE ATTACH BIRTH CERTIFICATE AND IMMUNISATION DOCUMENTS.

PARENT/GUARDIAN DETAILS

Parent/Guardian 1 Details

Are you the parent/guardian who is registered for childcare subsidy?

First Name:

Middle Name:

Surname:

Email:

Home Address:

State:

Postcode:

Home Ph:

Parent/Guardian 2 Details

Are you the parent/guardian who is registered for childcare subsidy?

First Name:

Middle Name:

Surname:

Email:

Home Address:

State:

Postcode:

Home Ph:

Mobile Ph: <input style="width: 90%;" type="text"/> Country of Birth: <input style="width: 90%;" type="text"/> Date of Birth: <input style="width: 90%;" type="text"/> Customer Reference Number (CRN): <input style="width: 90%;" type="text"/> <i>CRN and DOB are essential to claim Childcare Subsidy. If you do not intend to claim fee reductions, we still require your CRN to comply with government reporting requirements.</i> <input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Studying/Training <input type="checkbox"/> Disability or Disabled carer Occupation: <input style="width: 90%;" type="text"/> Employer: <input style="width: 90%;" type="text"/> Employer Address: <input style="width: 90%;" type="text"/> State: <input style="width: 20%;" type="text"/> Postcode: <input style="width: 20%;" type="text"/> Work Ph: <input style="width: 90%;" type="text"/> Driver's Licence No: <input style="width: 90%;" type="text"/> Signature: <input style="width: 90%;" type="text"/>	Mobile Ph: <input style="width: 90%;" type="text"/> Country of Birth: <input style="width: 90%;" type="text"/> Date of Birth: <input style="width: 90%;" type="text"/> Customer Reference Number (CRN): <input style="width: 90%;" type="text"/> <i>CRN and DOB are essential to claim Childcare Subsidy. If you do not intend to claim fee reductions, we still require your CRN to comply with government reporting requirements.</i> <input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Studying/Training <input type="checkbox"/> Disability or Disabled carer Occupation: <input style="width: 90%;" type="text"/> Employer: <input style="width: 90%;" type="text"/> Employer Address: <input style="width: 90%;" type="text"/> State: <input style="width: 20%;" type="text"/> Postcode: <input style="width: 20%;" type="text"/> Work Ph: <input style="width: 90%;" type="text"/> Driver's Licence No: <input style="width: 90%;" type="text"/> Signature: <input style="width: 90%;" type="text"/>
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PLEASE ATTACH COPY OF PHOTO ID FOR BOTH PARENTS.

FAMILY STATUS

Both parents at home
 Shared custody
 Sole parent
 Other – please give details below

COURT ORDERS

Are there any court orders affecting the custody of your child? Yes No

If yes a photocopy must be attached and the Educator needs to be notified if circumstances change.

OTHER CHILDREN IN THE FAMILY

Name: <input style="width: 90%;" type="text"/>	Age: <input style="width: 20%;" type="text"/>	Do they attend childcare:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name: <input style="width: 90%;" type="text"/>	Age: <input style="width: 20%;" type="text"/>	Do they attend childcare:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name: <input style="width: 90%;" type="text"/>	Age: <input style="width: 20%;" type="text"/>	Do they attend childcare:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MULTIPLE CHILDCARE SUBSIDY

DETAILS	CHILD 1	CHILD 2	CHILD 3
Name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Service:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Days attending other service:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Hours attending other service:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Total number of children who attend approved Long Day Care, Family Day Care or School Age Care programs or any combination of these services in the same week?

Do you wish to claim the multiple childcare subsidy percentage for these children?

 Yes No

REFERENCE BASE

Why did you choose Early Years Care for your child/ren?

What was your initial source of information on Early Years Care?

Internet Yellow Pages White Pages Friend Another parent Facebook/Instagram
 Signage on location Other (please specify):

PERSON, OTHER THAN PARENTS AND EMERGENCY CONTACTS AUTHORISED TO COLLECT YOUR CHILD

Please note these people must be local to your Educator. (We cannot enrol you without this information). Emergency contacts will be required to show photo ID on collection of your child.

Person 1

First Name:
Surname:
Home Address:
State: Postcode:
Home Ph:
Mobile Ph:
Work Ph:
Email:
Relationship to child:

Person 2

First Name:
Surname:
Home Address:
State: Postcode:
Home Ph:
Mobile Ph:
Work Ph:
Email:
Relationship to child:

Please Note: Educators will not allow anyone to collect your child unless notice is given by the parent/guardian and identification is shown on arrival.

EMERGENCY INFORMATION

In case of an emergency, and we are unable to contact you, please indicate two people in order of preference who may act on your behalf. (We cannot enrol your child with this information)

Person 1

First Name:
Surname:
Home Address:
State: Postcode:
Home Ph:
Mobile Ph:
Work Ph:
Email:
Relationship to child:

Person 2

First Name:
Surname:
Home Address:
State: Postcode:
Home Ph:
Mobile Ph:
Work Ph:
Email:
Relationship to child:

This person has the authority to (please tick):

collect/deliver my child to the service
 give permission for excursions away from the service
 consent to medical treatment for your child

This person has the authority to (please tick):

collect/deliver my child to the service
 give permission for excursions away from the service
 consent to medical treatment for your child

permit transport by ambulance for your child

permit transport by ambulance for your child

request medication be given to the child

request medication be given to the child

can authorise administration of panadol

can authorise administration of panadol

If the parent cannot be contacted this person will be notified of an emergency

If the parent cannot be contacted this person will be notified of an emergency

Although every possible care will be taken with your child at Family Daycare, Educators can in no way be held responsible for any accident that may occur.

In the event of an emergency, illness or accident concerning your child, and the Educator is unable to contact the parents/guardians and other emergency contacts, I consent to the Educator seeking, on my behalf, medical, dental or hospital attention for my child and I accept liability for medical expenses that may be incurred. This decision can be made by the Approved Provider if the parent cannot be contacted.

I Authorise the Educator to arrange for my child to be transported by ambulance, when they deem it necessary under the above circumstances. I will pay any associated costs.

Parent/Guardian Signature:

HEALTH

It is important to keep this information current at all times. Special medical needs due to disabilities WILL NOT affect your child's acceptance into care. This information is so we can meet the needs of the child at all times and form a partnership in care.

Ambulance coverage: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Private Health Fund Name:	<input type="text"/>
Medicare No:	<input type="text"/>	Private Health Fund No:	<input type="text"/>
Family Doctors:	<input type="text"/>	Family Dentist:	<input type="text"/>
Doctors Name:	<input type="text"/>	Dentists Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
State:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>

Does your child have a continuing serious illness? Please provide a medical plan. Yes No

If Yes Details:

Does your child have any allergies, intolerances or dietary restrictions, e.g. foods, medicine, grass, sunscreen, etc Yes No

If Yes Details:

Does your child have any medical conditions? E.g. asthma, diabetes, epilepsy, etc. Yes No

If Yes Details:

Does your child have a medical action plan? Yes No

If Yes, **please provide a copy (must be from a doctor).**

Has your child been diagnosed as at risk of anaphylaxis? Yes No

If Yes, **please attach** an action plan. Please provide the educator with a Epi Pen if this forms part of the action plan.

Does your child take any regular medication? E.g. Ventolin, etc. Yes No

If Yes Details:

If required, please provide asthma medication and plan to the educator. Please note that all of our educators have training in Asthma, Anaphylaxis and first aid and emergency management.

Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Aspergers, behaviour, etc. Yes No

If Yes Details:

Does this child suffer from fears or phobias? Yes No

If Yes Details:

Does your child have a need for additional assistance in any of the following areas?

Learning needs Communications needs Mobility needs Interpersonal needs Other needs

Is there anything that you **do or modify at home for your child?**

Yes No

If Yes Details:

IMMUNISATION

Has your child been immunised? Yes No Children who are not fully immunised, as per the schedule, cannot be enrolled at Early Years Care.

Your child's immunisation records will need to be copied, kept on file and updated whenever necessary.

We are required by law to sight the original immunisation document. Please provide Early Years Care with a Statement of Immunisation History from Medicare. We cannot accept evidence of any other type.

Immunisation Record in file? Yes No If no, child cannot begin care.

Staff Verification:

Date:

SUN PROTECTION

I give permission for the Educator to apply SPF 15+ broad spectrum sunscreen for normal skin, water resistant, to my child's face, arm's and legs when the Educator feels it is necessary. I WILL SUPPLY A LABELLED ROLL-ON SUNSCREEN FOR MY CHILD'S USE.

Parent/Guardian Signature:

Date:

TOILETING

Is your child in nappies? Yes No Cloth Disposable

Being toilet trained? Yes No

Needs reminding? Yes No

Independent in toileting? Yes No

What word does your child use when going to the toilet?

SLEEPING

Does your child sleep or rest during the Day? Yes No Sometimes Please note our rest policy.

If yes, at what time and or how long?

Does your child need a nappy at sleep time? Yes No

Does your child need a dummy at sleep time? Yes No

Does your child need a bottle at sleep time? Yes No

If yes, what type of milk?

Any special toys or blanket, ect? Yes No

If yes, Details?

Does your child have any special routine on being put to bed? Yes No

If yes, Details?

Please note Early Years Care follows SIDS guidelines at all times

DIET

Does your child have any particular dietary requirements (vegetarian, religious, medical) or restrictions? Yes No

If yes, Details:

Is there any food your child particularly likes? Yes No

Details:

Is there any food your child particularly dislikes? Yes No

Details:

Does your child feed himself or herself? Yes No

Occasionally a 'sometimes' treat may be offered on special occasions. Do you give permission? Yes No

If providing your child's lunch please consider other children's allergies and follow healthy eating guidelines. We can give you ideas for lunch boxes.

GENERAL NEEDS

Does your child have a special toy or object during the day (apart from sleep time)? Yes No

If yes Details:

Please see our toy and belongings policy.

Are there any words that we need to know that have special meaning for your child? Yes No

If yes, Details:

Is there any further information which you feel may assist us in providing the best service to you and your child? Yes No

If yes, Details:

Please tell us how we can help your child this year (eg. What do you most want for your child at Family Daycare)

We encourage family involvement. Do you have any skills you would like to contribute to your Educators program? Yes No

If yes, Details:

CELEBRATIONS

What events do you celebrate at home?
eg, Diwali, Christmas, Easter, Chinese
New Year.

PARENT HANDBOOK

I have read and understand the guidelines as set out in the parent handbook.

Parent/Guardian signature:

PHOTOGRAPHS AND VIDEOS

Do you give consent for Early Years Care to take photographs and videos of your child during normal activities while your child is in care. These photographs and videos will be used at the discretion of the Approved Provider, throughout the scheme and for educational planning and sharing learning with the community.

I consent to photos/videos

I do not give consent to photos/videos

Do you mind if other families have photos of your child involved in play with their child? Yes No

Parent/Guardian signature:

FEES

Fees are payable in advance and weekly. Direct deposit into your Educators bank account is the the best option. Please see our policy in regards to fees and speak to individual educators about your contract with them.

ENROLMENT FEE

A one off enrolment fee of \$50.00 per child will be required to secure a place with Early Years Care. This is non-refundable.

Payment can be made by direct deposit: Early Years Care & Education Pty Ltd
Bank: IMB BSB: 641800 Account No.: 200927342

Please clearly state your childs name as reference.

PAYMENT OF FEES

Fees are payable through various means. Our preference is direct deposit. If fees are two weeks in arrears your childcare place will be terminated. Fees are due and payable in advance and if for some reason you have insufficient funds to cover your fees you will be charged the bank fees associated with a failed transaction. Educators charge as per their own fee schedule, you may be required to pay a bond.

Yes, I will keep my fees paid in advance and notify my educator of any financial issues.

Parent/Guardian signature:

NOTICE

We require four (4) weeks written notice prior to your child leaving or payment of four (4) weeks fees in lieu of notice.

Yes Parent/Guardian signature:

MAKE UP DAYS

Due to Educator/child ratios, I understand make up days will not be offered for care days not used. Public holidays and sick days must be paid for.

Yes Parent/Guardian signature:

PERMISSIONS

Administration of Paracetamol Mixture: I agree that if my child is older than 6 months and has a temperature higher than 38°C and is in discomfort and/or pain whilst at the Service, the Nominated Supervisor may give permission to administer a single dose of paracetamol mixture (such as; Panadol) to my child, if a parent cannot be contacted. Yes No

If No, please specify alternative action:

Parent/Guardian signature:

Date:

Administration of Asthma First Aid: I agree that if my child has difficulty in breathing whilst at the Service, the educator may administer ventolin. Yes No

If No, please specify alternative action: (Please note that you and an ambulance will be contacted.)

Parent/Guardian signature:

Date:

Administration of Allergies and Anaphylaxis Emergency Kit: I agree that if my child has no known allergy but appears to be having an anaphylactic reaction whilst in care, the educator will call an ambulance and the educator (who has a current First Aid Certificate) will follow the recommended treatment from the ambulance staff until they arrive. Yes No

If No, please specify alternative action:

Parent/Guardian signature:

Date:

EMERGENCY MEDICAL ASSISTANCE

Your child's enrolment at Early Years Care will not be accepted unless you agree to the following:

I agree that if my child has been injured, or becomes ill whilst in care or the educator thinks it is necessary, they will seek urgent medical, dental or hospital treatment or ambulance service, and I give consent to the carrying out of appropriate medical, dental or hospital treatment. I understand that I may incur medical costs. My educator and Early Years Care are not responsible for costs.

Parent/Guardian signature:

Date:

AUTHORISATIONS

I authorise my child to participate in all activities offered by the educator and Early Years Care. A program and weekly planner will be on display for families. I need to sign the educator's Weekly Planner on a daily basis.

Yes No

Parent/Guardian signature: _____

Date: _____

In case of an emergency I authorise an approved person or Early Years Care staff member to supervise the children if the educator is not able to. I will always be notified of this.

Yes No

Parent/Guardian signature: _____

Date: _____

I give permission for my child to participate in local excursions e.g. walks to local parks and sports ovals and visits away from the childcare setting under supervision of my Educator. Notification will be provided for any excursion away from the home. A weekly planner will be on display and will require my signature.

Yes No

Parent/Guardian signature: _____

Date: _____

I give permission for my child to view G or PG rated programs (TV, DVD, videos or movies) and play G or PG rated computer games. Screen time is kept very minimal at Early Years Care – no more than 30 minutes per day.

Yes No

Parent/Guardian signature: _____

Date: _____

I authorise my child to have sensory contact with animals within a safe environment under supervision. This may be at the Educators home or on an excursion. I understand that risk assessments are completed for all pets.

Yes No

Parent/Guardian signature: _____

Date: _____

I authorise my child to have interactions with the environment through plant, gardening and a garden to kitchen program.

Yes No

Parent/Guardian signature: _____

Date: _____

I will only bring healthy food to childcare in minimal wrapping (no chips, lollies, jellies, soft drink juices, etc). I will take note of the services nutrition policies and understand that alternative food will be provided if food is brought that is not suitable.

Yes No

Parent/Guardian signature: _____

Date: _____

I give permission for my child to participate in fully supervised water play. I understand that this includes hoses, sprinklers, water troughs and small wading pools. My educator and staff will follow all water safety policies and procedures. I will be notified of all other water play and risks separately, eg, excursions, river kindy, bush play, wetlands, etc.

Yes No

Parent/Guardian signature: _____

Date: _____

Trampoline play

I give permission for my child to jump/play on trampolines under direct supervision. All trampolines are Australian standards and I understand that they pose an above normal risk of injury to children. I give permission for my educator to seek medical assistance if necessary.

Yes No

Parent/Guardian signature: _____

Date: _____

I authorise my educator to allow my child to climb trees beyond the recommended height of 50cm, without softfall, under direct supervision. Tree climbing poses an above normal risk of injury to children. I give permission for my educator to seek medical advice if needed.

Yes No

Parent/Guardian signature: _____

Date: _____

I authorise the use of mosquito repellent during outdoor/bush play.

Yes No

Parent/Guardian signature: _____

Date: _____

In case of an emergency do you authorise a medical blood transfusion?

Yes No

Parent/Guardian signature: _____

Date: _____

I authorise the use of nappy cream for rashes.

Yes No

Parent/Guardian signature: _____

Date: _____

I authorise the use of nappy wipes during changing procedures.

Yes No

Parent/Guardian signature: _____

Date: _____

PRIVACY

What information do we collect, why and how is it used?

Basic details are usually collected from families such as your name, address and phone contact, but it is also necessary to collect details regarding your child's name, date of birth and medical details, health, routines, likes and dislikes, which make up a personal profile. In addition, we are required to hold information regarding your Child Care subsidy entitlements.

All this information is collected so that we can provide the best possible care for your child, and for processing payments. Some of the information we collect is to satisfy our legal obligations under relevant childcare legislation. Much of this information is of a personal nature and some of it might be regarded as "sensitive" and not the sort of information that you would wish to have unnecessarily disclosed to others. We assure you that: 1. Information kept will not be disclosed or communicated, directly or indirectly, to anyone other than: - medical and developmental information this is required to adequately provide education and care for your child, - The Department of Education and Communities or an authorised officer, - as permitted or required by any Act or law. 2. Individuals will be allowed access to their personal information held about them or their child as requested without excessive delay, information may be denied under the following conditions: - Access to information could compromise the privacy of another individual. - The request for information is frivolous or vexatious. - Information relates to legal issues, or there are legal reasons not to disclose information such as cases of custody and legal guardianship. 3. Our staff will take reasonable steps to ensure that information about the education and care service, management information, other educators, children and families is not disclosed or communicated without written permission or legislative authority. 4. Reasonable steps will be taken to ensure details we keep about your family are accurate, up to date, complete and maintained in a private and confidential manner in accordance with the Commonwealth Privacy Act, 1988 and the Education and Care Services National Regulations. It is your responsibility to keep the service informed of any changes to your child's or family details. 5. If a student has a valid training requirement that involves the gathering of certain information pertaining to your child or family the student must have written consent from you and the service supervisor, if it affects your child. 6. Information gathered is used only for the education and care for the child enrolled in the service and appropriate systems will be put in place to ensure files will be stored or disposed of in a confidential and ethical manner. What to do if you have a complaint All privacy related comments, feedback or complaints should be directed to service management. We will follow up complaints within 14 days and resolve them to maintain our high standards of service provision. Who else respects privacy? Office of the Federal Privacy GPO Box 5218 SYDNEY

PARENT/GUARDIAN TERMS AND CONDITIONS

I/We _____ and _____
(insert Parent/Guardian names) agree to the following terms and conditions.

1. Pay all fees and charges by the due date for any account rendered. I/we understand that Early Years Care is entitled to the recovery of outstanding fees plus additional costs incurred (inclusive of commission) to a collection agency for recovery action.
2. Understand that the booking/enrolment will be cancelled if the account remains outstanding and will be forwarded to a collection agency for recovery.
3. Indemnify Early Years Care and any person associated with the service in relation to any claim for damages as a result of an accident, injury or trauma to my child unless it is the direct result of negligence on the behalf of Early Years Care or associated persons.
4. In the event of an accident, injury, trauma or illness requiring emergency medical treatment, I/We authorise Early Years Care staff to seek emergency medical treatment for my child should this be considered necessary. I/We agree to meet any medical and ambulance expense incurred.
5. I/we agree to keep Early Years Care updated with immunisation and health information relating to my child and understand that the enrolment may be terminated if it is not.
6. I/we understand that a minimum of four (4) weeks notice, in writing, is required prior to withdrawing my child from care or four (4) weeks fees will be charged in lieu of notice.
7. I/we understand, that Child Care Subsidy cannot be applied to my fees if my child is absent on his/her first and last day(s) and that full fees will be charged.
8. I/we understand that a late fee of \$20.00 per child for every fifteen (15) minutes or part thereof will be charged for children picked up after closing time or agreed booking time.
9. I/We agree to a one (1) off enrolment/administration fee of \$50.00 payable per child and is NON REFUNDABLE. This fee includes the costs associated with processing your child's enrolment. **Please allow one (1) week for your enrolment to be processed.**
10. I will not share my confidential sign-in PIN with any other person.
11. The information I have provided on this form is correct.

Parent/Guardian 1 signature: _____ Date: _____
 Parent/Guardian 2 signature: _____ Date: _____

Please note: Enrolments will not be processed unless signatures from both parent/guardians list on this form have accepted the Terms and Conditions.

IMPORTANT: Please note that you will be charged for the days you book. In the event that you do not use your booked days (due to changed plans, sickness etc) you are still required to pay for your booking.

OFFICE USE ONLY

Enrolment fee \$50.00 received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Staff Signature: _____
Immunisation Record on File:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Staff Signature: _____
Authorisations signed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Staff Signature: _____
			Start Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Comments _____



Early Years Care

Child Placement Agreement

This must be filled in every time you change hours or days so childcare benefit can be administered accordingly.

Parents/Guardian Name:

Email:

Child's Name:

Date of Birth:

Educator's Name:

Date of Childcare Commencement/Change:

Hours booked in:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
Finish							

A contract must be filled in and signed for each child in care.

Parents/Guardian Name:

Parents/Guardian Signature:

Date:

Educator's name:

Educator's Signature:

Date:

Number of children in care in this or any other childcare service:

If this changes please inform your Educator as this will affect your CCS rebate.

OFFICE USE	
Checked By:	
Name:	
Signature:	



Parent Agreement for Enrolments

Child's name is:

Educator's name:

I, _____, agree to the following conditions regarding my child's enrolment with Early Years Care. I understand that full fees must be paid until confirmation of my entitlement to Child Care Subsidy is received.

I will keep to the agreed hours of care and pay fees according to my contract with my Educator. When I use casual care I will pay at the time of care. I will sign and date my time sheets correctly each day.

I will notify the Educator prior to the expected arrival time, if my child will not be attending or will be late.

I understand that I will need to complete a new contract with my Educator when my hours of care change.

I agree to give the Educator 4 weeks (20 working days) notice if care is no longer required. I understand that I must finalise all outstanding debts before finishing care or Centrelink will be notified.

I agree to give the Educator 4 weeks (20 Working Days) notice when taking holidays. I agree to pay full fees to keep my placement. I understand that if my child takes holidays which coincide with the Educators holiday, then no fee is payable.

I understand that fees are payable for the days and hours that I have indicated on the placement agreement. I agree to pay for public holidays, days off for illness and holidays. I am not required to pay for days that my Educator is unavailable.

I understand that my fees are due on the first day of care each week and if I fall behind in my fees I risk forfeiting my child's place. I will be given 24 hours notice of this.

I am aware that CCS covers a total of forty two (42) days absences (not including sick with a Doctor's certificate) and I will tell my Educator of any absent days used by the child in another service.

I will notify the Educator and office immediately, in writing, of any changes in address, phone number, place of employment, emergency contacts or any changes in medical conditions.

I am aware that I cannot claim childcare subsidy for absent days on the first or last day of contracted care.

I understand that my child must be immunised as per the Australian Schedule to attend care.



Parent Agreement for Enrolments

I agree to keep my child home for the recommended period of time should I know or suspect that they are suffering from illness. I understand that a Doctors certificate must be supplied before recommencing care. In the case of my child becoming ill at daycare I will be contacted. Should my Educator be unable to contact me they will contact the authorised emergency contacts that I have provided. In the case of an accident or sudden serious illness, I understand and give permission for the service to seek urgent medical, dental or hospital treatment or ambulance service and that I am liable for the charges associated. I give my permission for the appropriate medical, dental or hospital treatment to be carried out. I agree to pay full fees on these days.

I consent to my child/children being placed in the care of another registered Educator, or an Early Years Care staff member, if my Educator is unavailable due to unforeseen circumstances.

I am aware that it is my legal responsibility to accurately sign my child in and out of the service each day. I will not share my harmony details with anyone.

I understand that during Play School, compliance visits or excursions, the scheme staff may take responsibility for my child. I understand that unless I am notified, my Educator is always on the premises with my child.

I authorise the Educator and scheme staff to conduct observations as required by the regulations and quality assurance process. (These records are available to view by parents on request and will remain confidential at all times).

I have provided accurate information on the enrolment form and agree to abide by the agreement.

I will notify Centrelink that we are starting care with Early Years Care and accept the care contract on MYGOV.

I will do my best to be an important part of the service by communication with my educator. A strong care partnership is beneficial to my child's learning, development and wellbeing.

I understand that the childcare contract is between myself and the educator who is contracted to provide care by Early Years Care.

Parent/Guardian full name:	
Signature:	Date:

Educator full name:
