



FDC Child Enrolment & Parent Agreement

This Child Enrolment & Parent Agreement Form is to be completed and provided to the Service along with copies of documents including your child/ren's immunisation history statement and medical management plan (if any) prior to your child/ren commencing care. The Educator and the Service will keep confidential all information provided by you.

Educator's Name.....	Phone.....
Start date.....	

PARENT 1 (CCS - Signing Parent)		
Full Name: _____ Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		
Other/ Former Names:	Home Phone:	Mobile:
Residential Address:		
Date of Birth: / /	CRN:	Country of Birth:
Email Address:		Languages Spoken:
Family Status: Two Parents or Guardians / Sole Parent or Guardian / Other specify		
Work Status: Full Time / Part Time / Casual / Self Employed		
Occupation:	Place of Employment:	
Employment Address:	Phone:	

PARENT 2		
Full Name: _____ Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		
Other/ Former Names:	Home Phone:	Mobile:
Residential Address:		
Date of Birth: / /	CRN:	Country of Birth:
Email Address:		Languages Spoken:
Work Status: Full Time / Part Time / Casual / Self Employed		
Occupation:	Place of Employment:	
Employment Address:	Phone:	

CHILD/REN TO BE ENROLLED IN THE SERVICE:

Details	Child 1	Child 2	Child 3
First Name:			
Surname:			
Gender:			
Date of Birth			
Centrelink CRN:			
Medicare Number:			
Country of Birth:			
Primary Language:			
Aboriginal / Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
School (if applicable)			
School pickups/drop offs required? <i>Times</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
School holiday care is required	Apr Yes <input type="checkbox"/> No <input type="checkbox"/> Jul Yes <input type="checkbox"/> No <input type="checkbox"/> Sep Yes <input type="checkbox"/> No <input type="checkbox"/> Dec/Jan Yes <input type="checkbox"/> No <input type="checkbox"/>	Apr Yes <input type="checkbox"/> No <input type="checkbox"/> Jul Yes <input type="checkbox"/> No <input type="checkbox"/> Sep Yes <input type="checkbox"/> No <input type="checkbox"/> Dec/Jan Yes <input type="checkbox"/> No <input type="checkbox"/>	Apr Yes <input type="checkbox"/> No <input type="checkbox"/> Jul Yes <input type="checkbox"/> No <input type="checkbox"/> Sep Yes <input type="checkbox"/> No <input type="checkbox"/> Dec/Jan Yes <input type="checkbox"/> No <input type="checkbox"/>
Special considerations (e.g. cultural, religious or additional needs)			

LEGAL CUSTODY ARRANGMENTS AND/OR CHILD PROTECTION ORDERS

State any legal custody arrangements and/or child protection orders that exist in relation to any enrolled child/ren:

.....

.....

.....

.....

CHILD CARE SUBSIDY (CCS) INFORMATION

<p>Do you already receive CCS for another child in another service? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the child attending this service also attending another approved childcare service? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

MEDICAL AND HEALTH INFORMATION

Medical Practitioner / Medical Service Name..... Address..... Tel.....	Dentist: Name..... Address..... Tel.....
--	--

Details	Child 1		Child 2		Child 3	
Anaphylaxis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eczema	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Convulsions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any other medical condition or other health care needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child take regular medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any dietary restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child immunised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Please provide supporting documents where required - e.g. copy of current immunisation statement, a current medical management plan

EMERGENCY CONTACTS / AUTHORISED NOMINEES

Name..... Address..... Home/Work Phone..... Mobile Phone..... Relationship to Child/ren..... Collect child Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency contact Yes <input type="checkbox"/> No <input type="checkbox"/> Consent to medical treatment / authorise administration of medication Yes <input type="checkbox"/> No <input type="checkbox"/> Authorise excursions Yes <input type="checkbox"/> No <input type="checkbox"/>	Name..... Address..... Home/Work Phone..... Mobile Phone..... Relationship to Child/ren..... Collect child Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency contact Yes <input type="checkbox"/> No <input type="checkbox"/> Consent to medical treatment / authorise administration of medication Yes <input type="checkbox"/> No <input type="checkbox"/> Authorise excursions Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

COMPLYING WRITEN ARRANGEMENT

Child 1 Name:							
Date of Birth				Care Arrangements Start Date			
Care Arrangements Type (Choose one only)					Routine Sessions Only <input type="checkbox"/>		
Casual Sessions Only <input type="checkbox"/>				Routine Sessions with Casual Care Permitted <input type="checkbox"/>			
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
Finish Time							

Child 2 Name:							
Date of Birth				Care Arrangements Start Date			
Care Arrangements Type (Choose one only)					Routine Sessions Only <input type="checkbox"/>		
Casual Sessions Only <input type="checkbox"/>				Routine Sessions with Casual Care Permitted <input type="checkbox"/>			
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
Finish Time							

Child 3 Name:							
Date of Birth				Care Arrangements Start Date			
Care Arrangements Type (Choose one only)					Routine Sessions Only <input type="checkbox"/>		
Casual Sessions Only <input type="checkbox"/>				Routine Sessions with Casual Care Permitted <input type="checkbox"/>			
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
Finish Time							

EDUCATOR FEE SCHEDULE	
STANDARD OPERATING HOURS CARE (BETWEEN 08:00 AM & 6:00PM)	
	FEE PER HOUR
0 - 5 YEARS	
Before and After School Care	
Vacation Care	
NON-STANDARD OPERATING HOURS CARE	
	FEE PER HOUR
0 - 5 YEARS	
Before and After School Care	
Vacation Care	
WEEKEND CARE	
	FEE PER HOUR
Weekend Care (Saturday & Sunday)	
CASUAL CARE	
	FEE PER HOUR
0 - 5 Years	
Before and After School Care	

Note: Fee includes Genesis Family Day Care Service's administration fee

No	Agreement	Initials
1	I agree to adhere to the Service's Conditions of Care, and Educator's Fee Schedule	
2	I agree to advise the Educator and the Service of any changes to information provided by me in this form that may have a bearing on the health, care and safety of my child/ren whilst in family day care	
3	I consent to the details on this form being released to emergency services personnel and/or the ACT Children's Policy and Regulation Unit or the ACT Care and Protection Services in an emergency if needed	
4	I agree to sign my child/ren in and out of care on each day of attendance	
5	I agree to prompt payment of fees and understand that non-payment of fees may result in termination of care	
6	I authorise the Educator and/or the Service's staff to seek qualified medical attention, as deemed appropriate, in the event of illness or injury to my child	
7	In the event of an emergency, I give permission for the Service's staff to place my child/ren in the care of a staff member or another Educator for a short period of time	
8	If every reasonable effort to contact parents and authorised nominees have failed, and a doctor or dentist considers immediate medication, anaesthetic or minor surgery necessary, a doctor or dentist has my permission to administer same	
9	I agree for my child to accompany the Educator on routine outings (e.g. library, music time, playgroup, shops). Special permission is required for non-routine outings	
10	I agree for my child to be transported by the Educator in the Educator's motor vehicle	
11	I agree/ not agree for my child (if aged 4-7 years) to be transported in the front seat of my Educator's vehicle, provided all other rear seats in the vehicle are occupied by children less than 7 years	
12	If my child contracts an infectious disease I agree to exclude my child from family day care for the period of time recommended by the <i>Parent Guide: ACT Immunisation Requirements</i> , and on request provide a medical certificate	
13	I agree to provide an adequate supply of nutritious food for my child/ren whilst in care	
14	I agree to provide adequate and appropriate clothing for my child, including sun hat, nappies and lotions	
15	I will provide SPF 30+ broad spectrum, water resistant sunscreen for my child/ren, and if it is unavailable, I give permission for similar sunscreen to be applied to my child/ren	
16	I agree to keep my child/ren away from care should they be too unwell to attend and I agree to accept direction from the Educator and/or the Service's staff on this issue	
17	I agree that any medication that needs to be administered to my child by the Educator is labelled with my child's name and the medication form is filled in and signed by me	
18	I agree to allow my child to have supervised interaction with the Educator's pet/s, when appropriate	

19	I give permission for my child to be photographed when in care for the following purposes (strike off what is not applicable) (i) Educator photo album/program (ii) Newspaper articles about family day care (iii) Play group album (iv) FDC Service website (v) FDC Newsletter (vi) DO NOT want child photographed at all	
20	I will pay the fees, in arrears after care being used, on a weekly or fortnightly basis as agreed with the Educator	
21	I confirm that neither I nor my partner , is currently an FDC Educator; and agree to inform Genesis Family Day Care Services if I or my partner becomes an FDC Educator at any time during my child's enrolment with the Service	

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date: _____

Educator Signature _____

Date: _____

Service Manager Signature _____

Date: _____