



Genesis Family Day Care Services

[ABN: 96 252 093 429]
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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.....
Start date.....

PARENT 1 (who is claiming CCB)		
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 BENEFIT (CCB) / CHILD CARE REBATE (CCR) INFORMATION

<p>CCB <input type="checkbox"/> Yes <input type="checkbox"/> weekly fee reduction <input type="checkbox"/> No <input type="checkbox"/> lump sum</p>	<p>CCR <input type="checkbox"/> Yes <input type="checkbox"/> weekly fee reduction <input type="checkbox"/> lump sum <input type="checkbox"/> No</p>
<p>Do you already receive CCB for another child in another service? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Is a 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.....
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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"/>
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AGREED CONTRACT HOURS

CHILD NAME (1)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start Time							
End Time							

CHILD NAME (2)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start Time							
End Time							

CHILD NAME (3)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start Time							
End Time							

EDUCATOR FEE SCHEDULE

Standard Fees	Fees
0-5 years - Core hours [Minimum booking is 5 hours per day for non-school children]	
Before & After School Care - Core hours [Minimum booking is 2 hours for school children]	
Vacation Care - Core hours [Minimum booking is 5 hours per day for school children]	
Non Standard Fees	
0-5 years - Non-core hours	
Before & After School Care and Vacation Care - Non-core hours	
Weekend Fees	
Weekend care (Saturday & Sunday)	
Casual Fees	
0-5 years	
Before & After School Care	

PARENT/GUARDIAN AGREEMENT

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	

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date: _____

Educator Signature _____

Date: _____

Service Manager Signature _____

Date: _____