



Genesis Family Day Care Services

[ABN: 96 252 093 429]
 1 Dittmer Place, Fadden ACT 2904
 Tel: 02 6291 7101
 Email: info@genesisdcs.com.au
www.genesisdcs.com.au

| | |
|----------------|--|
| Provider Name | Genesis Professional Services Pty Ltd |
| Provider Email | info@genesisdcs.com.au |

PARENT AGREEMENT (COMPLYING WRITTEN ARRANGEMENT)

Educator Name: _____ Phone: _____

Address: _____

| | |
|--------------------|--|
| Parent Name | |
| Parent CRN | |
| Address | |
| Phone | |

| | | | | | | | |
|---|--------|---------|--|-----------------|--|----------|--------|
| Child 1 Name: | | | | Care Start Date | | | |
| Date of Birth | | | Child CRN | | | | |
| 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"/> | | | | |
| Care Times | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Week 1 | | | | | | | |
| Week 2 (if Different) | | | | | | | |

| | | | | | | | |
|---|--------|---------|--|-----------------|--|----------|--------|
| Child 2 Name: | | | | Care Start Date | | | |
| Date of Birth | | | Child CRN | | | | |
| 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"/> | | | | |
| Care Times | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Week 1 | | | | | | | |
| Week 2 (if Different) | | | | | | | |

EDUCATOR FEES:

| STANDARD OPERATING HOURS CARE (BETWEEN 8.00AM & 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

Payment of Fees:

Each Educator will collect the gap fees (i.e. Full Fee less Child Care Subsidy) directly from the parents. Parents are required to pay the gap fees promptly. Fees are paid in arrears (i.e. after the care being used or the end of booked care period) on a weekly or fortnightly basis.

| 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 | |

| | | |
|----|--|--|
| 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>2015 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 Signature: _____

Date: _____

Educator Signature: _____

Date: _____

ADDITIONAL CHILD:

| | | | | | | | |
|---|--------|---------|-----------|--|--|----------|--------|
| Child 3 Name: | | | | Care Start Date | | | |
| Date of Birth | | | | Child CRN | | | |
| 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"/> | | | |
| Care Times | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Week 1 | | | | | | | |
| Week 2 (if Different) | | | | | | | |