



## Genesis Family Day Care Services

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

### PARENT AGREEMENT (COMPLYING WRITTEN ARRANGEMENT)

Educator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Parent Name</b>	
Parent CRN	
Address	
Phone	

<b>Child 1 Name:</b>				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)							

<b>Child 2 Name:</b>				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	

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 <b>supervised</b> 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 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL CHILD:**

<b>Child 3 Name:</b>				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)							