



Genesis Family Day Care Services

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

PARENT AGREEMENT (COMPLYING WRITTEN ARRANGEMENT)

Educator Name: _____ Phone: _____

Address: _____

Parent Name			
Parent CRN			
Address			
Mobile		Email	

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
Please include the care Start & Finish Times for all booked days							
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
Please include the care Start & Finish Times for all booked days							
Week 1							
Week 2 (if Different)							

EDUCATOR FEES:

STANDARD OPERATING HOURS CARE (BETWEEN 8.00AM & 6:00PM)	FEE PER HOUR
Under School Age (0 - 5 Years)	
Before and After School Care	
Vacation / Holiday Care	
NON-STANDARD OPERATING HOURS CARE	FEE PER HOUR
Under School Age (0 - 5 Years)	
Before and After School Care	
Weekend and Public Holiday Care	FEE PER HOUR
Weekend and Public Holiday Care	
CASUAL CARE	FEE PER HOUR
Under School Age (0 - 5 Years)	
Before and After School Care	

Note: Fees shown in the table above include an administration fee of \$2.50 per hour. The administration fee covers the cost of operating the service, the cost of mandatory workers compensation for FDC educators as required by the ACT Government, and the additional cost associated with the collection of gap fees by the service and disbursements to educators.

Payment of Fees:

The Service collects gap fees directly from parents and makes disbursements to Educators. Please note that fees are paid in arrears (i.e. after the care being used) on a weekly or fortnightly basis. To ensure educators are paid on time, a **payment in advance** equal to the weekly or fortnightly gap fee amount (depending on whether parents have chosen weekly or fortnightly payments) will be required at the commencement of care, which will be used for the final week/fortnight of care when the child ceases care.

Sessions of Care (Minimum Booked Hours):

The minimum number of hours for which fees are charged in a day:

- (i) Routine care booking for under school age children is minimum **8 hours per day**
- (ii) Casual care on weekdays for under school age children is minimum **7 hours per day**
- (iii) Weekend care is minimum **7 hours per day**
- (iv) Bookings for before & after school care are **1 hour** for before school care; and **3 hours** for after school care
- (v) For vacation/ school holiday care, **8 hours per day** for children aged 5 - 12 years
- (vi) Educators may set their own minimum care hours that are more than the Service's minimum booking hours per day but **not exceeding 10 hours** per day for under school age care; **2 hours** for before school care; and **3 hours** for after school care.

No	Agreement	Initials
1	I have read and understood the Service Conditions of Care and the terms contained therein and agree to adhere to the Conditions of Care, and the 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 and/or the enrolment being released to emergency services personnel and/or the relevant ACT Government agencies in an emergency	
4	I agree to sign my child(ren) in and out of care on each day of attendance using electronic sign in (ESI)	
5	I agree to the prompt payment of fees through direct debit (unless direct EFT payments are agreed to by the Service) and understand that non-payment of fees may result in additional charges and/or 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 be transported by the Educator in the Educator's motor vehicle for excursions, outings and/or any other purposes that are supported by risk assessments and for which I have specifically consented to	
10	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	
11	If my child contracts an infectious disease, I agree to exclude my child from family day care for the period recommended in the publication Staying Healthy (NHMRC, 2024) , and to provide a medical clearance or fitness certificate from a medical practitioner upon returning to care.	
12	I agree to provide an adequate supply of nutritious food for my child/ren whilst in care	
13	I agree to provide adequate and appropriate clothing for my child, including sun hat, nappies and lotions	
14	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	
15	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	
16	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	
17	I agree to allow my child to have supervised interaction with the Educator's pet/s, subject to such interactions being approved by the Service and accompanied by a risk assessment	

18	I give permission for my child to be photographed when in care for the following purposes (strike off what is not applicable) and understand that the Service policy requires the Educator to delete all digital images and videos of enrolled children from all devices (e.g. phones, tablets, computers) and cloud storages (e.g. iCloud, Google drive) within 14 days of taking them (i) Educator Diary for Learning Stories (ii) Portfolio of the child (ii) Newspaper articles about family day care (iii) Play group album (v) FDC Newsletter (vi) DO NOT want child photographed at all	
20	I will pay the fees to the using electronic means (EFT), in arrears after care being used, on a weekly or fortnightly basis as agreed with the Service	
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"/>			
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