



## At Home Family Day Care Scheme Care Arrangement and Authorisations

**Child's First Name:**

**Child's Surname:**

**D.O.B:**

As the person liable for payment of fees and being the signing party I

Agree to the Following:

Educator Name:

of (address):

**Child Related to Educator (for example niece, nephew, cousin, grandchild, or great-grandchild):**  YES  NO

Booked Hours are: Routine

**Care Arrangement Start Date:**

(please circle and enter times in the table below)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**Educator: Hourly fees:** \_\_\_\_\_

I understand that I will be required to log in to my MyGov account to review and confirm the enrolment before any Child Care Subsidy (CCS) entitlements will be paid.

I understand that failing to review and confirm the enrolment notice issued in MyGov will result in full fees being charged and required to be paid to the Educator.

I understand that it is my responsibility to ensure all Child Care Subsidy (CCS) requirements are fulfilled, in particular linking my child to the service, providing mine **and** the child's date of birth **AND** providing mine **and** the child's Customer Reference Numbers (CRN).

I acknowledge any changes to these bookings need to be submitted in writing to the At Home Family Day Care Scheme and two weeks' notice given to ensure an updated Enrolment Notice can be issued, reviewed and confirmed via my MyGov account (one-off changes in days and hours not included in this, for permanent routine booked days and hours only).

I agree to notify the Educator and the At Home Family Day Care Scheme of any change to the information provided on the online enrolment form on HubWorks as soon as possible.

I understand that my current booking and account information is documented on Hubworks and I can view this at any time by using my Hubworks Login emailed to me by HubWorks and the Scheme.

**I understand my payment obligations and agree to pay all fees incurred.**

**Parents are charged a parent levy of \$1.90 per hour that their child is in care this is on top of the educator's hourly fee, which goes to the scheme.**

**You are also charged a \$5.50 child levy per child per week. This is added onto your gap fee.**

I agree to pay any relevant additional charges including, but not limited to, incursion/excursion fees.

I agree that any used hours over the allowable Child Care Subsidy (CCS) fortnightly hours I am entitled to which are not covered by the Child Care Subsidy (CCS); I will be paying for them.

I agree that At Home Family Day Care Scheme is responsible for the collection of Child Care Subsidy (CCS) on parent's behalf and At Home Family Day Care Scheme will forward any Child Care Subsidy (CCS) payments to the Educator.

**I agree to pay the Gap Fees or Full Fees via Direct Debit Or Bank Transfer to my Educator weekly by Friday on receipt of invoice, and I understand that if my fees fall two weeks in arrears that care will be suspended.**

**I understand it is my Educator that invoice and receipt the parents weekly, and the At Home Family Day Care Scheme provides a weekly statement.**

I understand that it is necessary to personally sign children in and out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my child, I agree to notify the Educator in advance and in writing to this effect.

I agree to inform the Educator or the At Home Family Day Care Scheme of any absence of my child as soon as possible. This includes if my child leaves the country on holiday.



I understand that management and staff **can** enforce Family Court Orders or Domestic Violence Orders by law.

I agree that my child can be left with an emergency Educator/Coordinator or a nominated person who is registered on the Risk Management Plan or with the At Home Family Day Care Scheme if the need arises.

I acknowledge that I have received a **Family Handbook** and **Welcome Letter** and agree to abide by the rules, policies, and procedures of the service (the Educator has a copy of these on a USB and a hard copy in the office, they can be emailed at request).

I understand the priority of access for child care and understand that if necessary I may lose my bookings (please read this in the Parent Handbook).

I agree to keep my child from attending the Service should he/she be suffering from any infectious or contagious disease as recognised by the NHMRC: Staying Healthy in Child Care. I accept that the Educator will enforce the NHMRC "Recommended Minimum Exclusion Periods from child care, of Infectious Diseases Cases."

I authorise all At Home Family Day Care Scheme staff and the Educator to provide any required first aid and further to ensure that appropriate medical attention is provided in an emergency. I give permission for At Home Family Day Care Scheme to obtain at my cost medical, hospital and ambulance service in the case of an accident or emergency involving my child.

I authorise the Educator to administer the prescribed Medication when needed, and I will complete the Medication Form. I understand my Educator will contact me immediately if prescribed medication such as Panadol, Asthma or Anaphylaxis medication is required.

I agree to my child to be in care a minimum of 8 hours per day for non-school age children, minimum of 2 hours for Before School age children and 3 hours for After school age children

I agree to contact the Educator as soon as possible if running late to be dropped off or collected.

I agree to let the Educator take my child on regular outings/excursions, and school pick up/drop offs.

I acknowledge that care can be terminated by two weeks' notice from the Family, Educator or Scheme. If I wish to cancel without the two weeks' notice, I agree to pay two weeks fees in Full in lieu of notice. Suspension of care can be seen as two weeks' notice, and this rule still applies.

I acknowledge my child will participate in any emergency evaluation and lockdown training on and off the Educators premises so that in the event of an emergency, my child is confident to evacuate and know the correct evacuation procedures which aid in their safety and wellbeing

I acknowledge the Educator will apply the provided sunscreen to my child 20 minutes prior to outdoor play, and reapply every 2 hours my child is outdoors to aid in their sun safety and wellbeing.

I give permission for my child's name and photograph to be used for promotional purposes and service displays.

I give permission for my child's name and photograph to be used for promotional purposes on Facebook and/or Website (Face and First Name only).

I acknowledge that the Educators and the Scheme will observe my child to assist in the development of the educational learning program.

I acknowledge my child's name and photograph will be used for documentation purposes for the Educator and service to meet the National Laws and Regulations.

I acknowledge the Educator and the At Home Family Day Care Scheme will use the email address provided to contact me regarding account issues, invoices, receipts and keep me updated with service newsletters and information.

**I agree that I have read and understood the separate terms and conditions within the Family Day Care Service that my child is enrolled.**

I as the parents/guardians give my consent voluntarily. I understand that my consent can be withdrawn at any time through written notification.

***On signing this agreement, Parents, Educator and At Home Family Day Care Scheme indicate they have read and understand the agreement and their responsibilities.***

Signing Party Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Scheme Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_