



Kindaburra Children Centre

Agreements Form 2014 A

▪ Illnesses

I understand that:

- Kindaburra will administer **prescribed medication** with the child's name & current date printed on medication label **ONLY**
- Kindaburra **will seek doctor's advice for prolonged prescriptions**
- My child is required to stay at **home** for at least **24 hrs** after **the first dose of antibiotics, or after the last episode of diarrhoea or vomiting.**
- Kindaburra will not administer **Panadol** to my child as it would **mask illness symptoms** and may **put my child at risk, except in the event their temperature reaches 39 C.**
- In case my **child is unwell** and is **unable to participate fully in the program** or in the event my child's **temperature exceeds 37.5 C** I will be notified immediately. I will be required to **take my child to a doctor** to seek medical opinion. I will be required to **keep my child at home until the symptoms have ceased/ as per doctors advise.** I will be **required** to hand in a **doctor's certificate** verifying that my child's recovery is sufficient to return to the centre.

Parent / Guardian Signature:..... Date:.....

▪ Immunisations

I understand that a copy of a confirmed record of my child's immunisation is required and that it is my responsibility to ensure my child's immunisation is up to date and that I am required to keep an up to date record of my child's continuing immunisation. I also understand that my child/ or any child who is not immunised, or whose immunisation is not up to date, will be excluded during an outbreak of a vaccine preventable disease.

Parent / Guardian Signature:..... Date:.....

▪ Emergency action

Although every possible care will be taken with your child while at the centre, team members can in no way be responsible for any accidents that may occur. In the event of accident or illness concerning your child, which requires emergency medical treatment, every effort will be made to contact the parents / guardians or the person/ s authorised by them. However, should this prove impossible, it will be necessary for authority to be given for treatment to be undertaken. Parents / Guardians are asked to complete the following:

I authorise the team of the centre to seek emergency medical treatment for my child should this be necessary:

(Child's full name)Please note any restrictions relating to your child (eg: do not administer Anaesthetic / Panadol / Blood Transfusion):
.....

Parent / Guardian Signature:..... Date:.....

Disclosure

- It is a condition of ongoing enrolment of your child's place, to disclose now any concerns and/or assessments of your child's development in any way. YES NO (please circle)

Parent/Guardian Signature:.....Date:.....

▪ Sunblock

I am aware that it is my responsibility to apply sunblock to my child and fill out the Sunblock Applied Form every day of attendance, noting the time the sunblock was applied. I also give the team permission to re-apply sunblock to my child before afternoon outdoor play.

(child's full name).....

Is your child allergic to any sunblocks? Yes..... No.....

If yes please indicate:.....

Parent / Guardian Signature:..... Date:.....

▪ **Observations/Photographs**

I consent to my child:

(Child's full name).....being the subject of observations, photographs and the Day Book, for the purposes of emailing to groups of parents for sharing of learning and daily activities, ; other relevant teaching records, as well as for training purposes and community and special events

Parent / Guardian Signature:..... *Date:*.....

▪ **Signing the child in/ out**

I understand that the person who brings the child to the service is required to record arrival time with signature each time the child arrives at the service and the person who collects the child is required to record the departure time with signature each time the child departs from the service.

Parent / Guardian Signature:..... *Date:*.....

▪ **Late Collection Fee**

I am aware that a late fee applies to a late collection of my child. I understand that my child is to be collected by 6.15 pm be off the premises by 6.30 pm. I understand that a late arrival will attract a late fee, which is \$60 per 15 minutes, or part thereof (billed automatically to your account) and that the time of departure from Kindaburra will be recorded as the time of pick up. I am also aware that it is my responsibility to let the team know if I am going to be late to pick up my child.

Parent / Guardian Signature:..... *Date:*.....

▪ **Late arrival**

I understand that to my child's educational benefit, continuity of care and consistency of routine as well as to permit the smooth running of the service, it is important to arrive before 9.30am. Most of the planned experiences for the children as well as educational program take place in the morning before lunch. This is when the children's learning capacity is at its highest peak. I understand that if my child is to arrive late it is my responsibility to inform the team of his / her late arrival in advance. I also understand that on the day of late arrival it is my responsibility to exchange information regarding my child's needs and routine with the teacher responsible.

Parent / Guardian Signature:..... *Date:*.....

▪ **Withdrawal**

I understand that 6 weeks notice (in writing via email) is required to withdraw my child from Kindaburra or to reduce /change days of attendance. I am also aware that to maintain my child's place fees must be paid when my child is on holidays, absent, sick or public holidays. I understand that in order to maintain correct staff / child ratios, the centre must be notified of my child's absence via email. Failure to give 6 weeks notice of withdrawal will result in bond forfeiture.

Parent / Guardian Signature:..... *Date:*.....

▪ **Payment of Fees**

I am aware that regular payment of fees is essential to permit the smooth running of the centre and to my child's continued attendance. I agree to make payments weekly on the first day of my child attendance. I understand fees must be kept one week in advance at all times. I understand a late fee of \$ 30 plus GST will be charged to my account weekly if fees are not up to date at the end of the last fee week of the month. I understand if my payments are continually late I will be given notice from the centre to bring account up to date within a week. I understand if this does not happen my child's place at Kindaburra Children Centre will be terminated. If the above occurs my bond will be forfeited.

Parent / Guardian Signature:..... *Date:*.....

I understand it is my responsibility to provide CRN numbers/ JETS letter.

Parent/Guardian signature.....*date:*.....

I understand that Kindaburra cannot provide any estimates of government reductions for CCB/CCR as this is an agreement between parent and Centrelink only and Kindaburra is restricted from such information.

Parent/Guardian signature.....*date:*.....

I understand it is my responsibility to pay the first week's fee in full as quoted in the offer. I will continue to pay the full amount until CCB, CCR or JETS Centrelink deduction drops in and I will cover any short fall regardless of reason.

Parent/Guardian signature.....*date:*.....

▪ **Child Protection**

I am aware that Child Care Services have a responsibility to involve DOCS in circumstances where a child in their care is perceived as being at serious risk of harm, or they have serious concerns about the safety, welfare or wellbeing of a child to satisfy ongoing Department of Community Service’s obligations. I understand that if possible the family will be informed first if this need should eventuate and be given the opportunity to participate in the making of the notification. I also understand that the service will continue to support the family and advocate for them after notification and that in case of suspected child sexual assault, the notification to DOCS is made without informing the parents.

Parent / Guardian Signature:.....Date:.....

▪ **Babysitting**

I understand that Kindaburra Employment Contract prevents Kindaburra team from engaging in babysitting for families of children enrolled at the centre during their employment at Kindaburra. I understand that if a team member engages in babysitting for a family whose child is enrolled at the centre their employment from Kindaburra may be terminated.

Parent / Guardian Signature:.....Date:.....

▪ **Birthday Celebrations**

I understand that under NSW Food Safety Regulations and guidelines Kindaburra will only receive cakes/ finger/food from home or stores all ingredients must be listed on them.

Parent / Guardian Signature:.....Date:.....

▪ **Additional Casual Days**

I understand an additional \$10 per day will be charged on all casual days and once booked and approved must be paid for even in the event of illness.

Parent / Guardian Signature:.....

▪ **Reduction of Days**

I understand that reduction of days are not permitted a 6 week notice must be given to terminate exiting enrolments packages.

Parent / Guardian Signature:.....

▪ **Re-Enrolment**

I understand a re-enrolment for a reduction of days maybe requested and approved subject to availability. Please note this will attract a \$200 re-enrolment fee.

Parent / Guardian Signature:.....

(Reviewed April 2014)