

Family Day Care FAMILY/SERVICE Agreement

This Agreement is between Mersey Leven Child Care Services and the registering parent/guardian. *This Agreement is a record of mutual agreements reached in regard to hours of care and conditions. Whenever circumstances change the Agreement must be amended on this document or a Minor Amendments to Agreement of Care form. Please note that completed Minor Amendments to Agreement of Care will then become part of the current Agreement.*

Registering Parent: **Phone:**

Date of Agreement: Commences: **End date: 31st December 2015**

This agreement may be terminated by either party by providing one week's notice, otherwise this agreement will continue in force until 31st December 2015.

No. 1 REGISTERING PARENT ☐ GUARDIAN ☐

FULL NAME:			<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS
Relationship to Child:	PHONE:	MOBILE:	
RESIDENTIAL ADDRESS:			
POSTAL ADDRESS:		COUNTRY OF BIRTH:	
DATE OF BIRTH: / /	CRN:	ETHNIC GROUP:	
EMAIL ADDRESS:		PRIMARY LANGUAGE:	
FAMILY STATUS SOLE PARENT OR GUARDIAN / TWO PARENTS OR GUARDIANS / OTHER specify.....			
WORK STATUS FULL TIME / PART TIME / CASUAL / SELF EMPLOYED			
OCCUPATION:		PLACE OF EMPLOYMENT:	
EMPLOYMENT ADDRESS:		PHONE:	
OTHER STATUS STUDENT / VOLUNTEER / SEEKING WORK / FULL TIME PARENT / PENSION OR BENEFIT			

No. 2 REGISTERING PARENT/GUARDIAN

FULL NAME:			<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS
Relationship to Child:	PHONE:	MOBILE:	
RESIDENTIAL ADDRESS:		COUNTRY OF BIRTH:	
POSTAL ADDRESS:		ETHNIC GROUP:	
DATE OF BIRTH: / /	CRN:	PRIMARY LANGUAGE:	
WORK STATUS FULL TIME / PART TIME / CASUAL / SELF EMPLOYED			
OCCUPATION:		PLACE OF EMPLOYMENT:	
EMPLOYMENT ADDRESS:		PHONE:	
OTHER STATUS STUDENT / VOLUNTEER / SEEKING WORK / FULL TIME PARENT / PENSION OR BENEFIT			

TRANSPORT

Permission is given for child/ren to be transported by car while in care, in an age/weight appropriate restraint.

☐ Yes ☐ No Special Requirements

Transport is required for child/ren whilst in care and travel fees will be paid.

☐ Yes ☐ No

Transport to/from:

This Agreement covers the provision of child care for:

CHILD/REN	Child 1	Child 2	Child 3	Child 4
First Name:				
Surname:				
Gender:				
Date of Birth				
Residential Address: (if different from Registering Parent 1)				
Centerlink CRN:				
Medicare Number: (11 digits)				
Country of Birth: (if not Australia)				
Primary Language: (if not English)				
Identify as Aboriginal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify as Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School & Grade				
School pickups/drop offs required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Times</i>				
OR will make their own way to/from school?				
School holiday care is required	Apr <input type="checkbox"/> Yes <input type="checkbox"/> No Jul <input type="checkbox"/> Yes <input type="checkbox"/> No Sep <input type="checkbox"/> Yes <input type="checkbox"/> No Dec-Jan <input type="checkbox"/> Yes <input type="checkbox"/> No	Apr <input type="checkbox"/> Yes <input type="checkbox"/> No Jul <input type="checkbox"/> Yes <input type="checkbox"/> No Sep <input type="checkbox"/> Yes <input type="checkbox"/> No Dec-Jan <input type="checkbox"/> Yes <input type="checkbox"/> No	Apr <input type="checkbox"/> Yes <input type="checkbox"/> No Jul <input type="checkbox"/> Yes <input type="checkbox"/> No Sep <input type="checkbox"/> Yes <input type="checkbox"/> No Dec-Jan <input type="checkbox"/> Yes <input type="checkbox"/> No	Apr <input type="checkbox"/> Yes <input type="checkbox"/> No Jul <input type="checkbox"/> Yes <input type="checkbox"/> No Sep <input type="checkbox"/> Yes <input type="checkbox"/> No Dec-Jan <input type="checkbox"/> Yes <input type="checkbox"/> No

(If there are extra children please complete an Additional Children form)

Days and hours of care required

Permanent Booking <input type="checkbox"/>		Roster Applies <input type="checkbox"/>						
Child		MON	TUE	WED	THU	FRI	SAT	SUN
1	START							
	FINISH							
	START							
	FINISH							
2	START							
	FINISH							
	START							
	FINISH							
3	START							
	FINISH							
	START							
	FINISH							
4	START							
	FINISH							
	START							
	FINISH							

FEES:

Fortnightly fees must be paid within one week of receiving account.

Usual Fee will be charged for any absences when the parent has cancelled care.

Usual Fee will be charged for holidays.

(Child Care Benefit will be paid for up to 42 Occasional Absences including holidays. If a medical certificate is supplied to the office for illness, the day/s will not be deducted from the 42-days allocation.)

Public Holidays will be charged for children in care at the Public Holiday fee.

When a Public Holiday falls on a permanent booked day, the absence is charged at the normal fee, not a Public Holiday fee.

Note: Educators cannot charge for Public Holidays with children NOT in care directly before or after or during periods of leave for the educator. The service will not charge an absence for a Public Holiday if an educator is unavailable to work.

A late fee will be charged if parent is later than booked hours without prior notice and agreement.

A late fee will be charged for late payment of child care fees without prior notice and agreement.

Note: Fees will not be charged if MLCCS is unable to provide an educator for any reason.

PARENTS ARE ADVISED TO RECEIVE A FEE ESTIMATE FROM THE OFFICE.

RELIEF CARE when the usual educator is unavailable

The service may be able to provide a relief educator when the usual educator is unable to work due to illness, holidays etc. Relief care will be sourced from a variety of educators/staff. Please note that you will be expected to complete a short form on arrival with a relief educator. Please note that the hourly charge may differ when using a relief educator.

OUTINGS:

Parks (list specific parks below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Playgroups	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Shops	<input type="checkbox"/> Yes <input type="checkbox"/> No	FDC activity sessions (at other homes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Playhouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Schools	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jungle Gyms/Pandemonium	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: Outings listed above must be recorded at the beginning of year/ commencement of care on an excursion form/book and signed by parent. Outings other than those listed above must be recorded on each occasion on excursion forms/books and signed by parents.

PHOTOS

Permission is given for photos/videos of child/ren to be taken for use in Service publicity.

e.g. Service brochures, service website and Facebook sites

☐ Yes ☐ No

Comments:

MEALS

Meals are required for child/ren and meal costs will be paid. ☐ Yes ☐ No

Meals required: Breakfast Morning Snack Lunch A/noon snack Dinner (please circle)

SUNSMART PRACTICE:

Sunscreen (at least SPF 30+) to be supplied by the ☐ Educator ☐ Parent (please tick)
 Permission given to the educator to apply sunscreen to the child/ren during the day ☐ Yes ☐ No
(I understand that if I do not give permission to apply sunscreen I must provide appropriate clothing to maximise protection from the sun)

EMERGENCY CONTACTS AND AUTHORISED NOMINEES *(other than Registering Parent 1 or 2)*

The following people are over 18 years. (N.B. Photo ID, or other ID of people collecting children may be required by educator)

Name:		Name:	
Home Phone:		Home Phone:	
Home Address:		Home Address:	
Workplace/School:		Workplace/School:	
Work Phone:		Work Phone:	
Mobile Number:		Mobile Number:	
Relationship to Child:		Relationship to Child:	
<input type="checkbox"/> Contact <input type="checkbox"/> Collect <input type="checkbox"/> Verbally authorise administration of medication in the case of an emergency		<input type="checkbox"/> Contact <input type="checkbox"/> Collect <input type="checkbox"/> Verbally authorise administration of medication in the case of an emergency	

HEALTH CONCERNS/ALLERGIES/SPECIAL NEEDS/DISABILITY:

FAMILY DOCTOR

ADDRESS PHONE

Does your child/ren have any medical conditions or developmental delays? Please identify details:

Allergies / Other Medical Conditions: ☐ Yes ☐ No Medication Required: ☐ Yes ☐ No
(eg. Foods, Insects, Pollen, ADHD, Asthma, Diabetes)

Intellectual / Physical / Sensory / Developmental Delays: ☐ Yes ☐ No Medication Required: ☐ Yes ☐ No
(eg. Autism, Down Syndrome, Foetal Alcohol Syndrome, Cerebral Palsy, Cystic Fibrosis, hearing/visual impairment, Language, muscle tone, mobility)

If you answered yes to any of the questions above, please give a brief description or medical action plan.

(eg child – Asthma, Inhaler)

Please list any support agencies that your child/ren are accessing *(eg. Speech pathology, occupational therapy)*

.....

Are there any special requirements regarding diet, culture, religion, accident, emergency, Court Orders or special needs pertaining to the child/ren which the educator needs to be aware of? ☐ Yes ☐ No
If yes, please detail

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.....

TRAINING AND SUPPORT TO EDUCATOR

MLCCS provides regular professional development and information sessions for all educators, as well as the opportunity to participate in activities.

CHILD CARE BENEFIT PROCESSING INFORMATION

Do you have a child attending this service who has already attended another approved child care service in the current financial year? ☐ Yes ☐ No

Do you have a child attending this service who is also attending another approved child care service? ☐ Yes ☐ No

Does the child have a sibling listed on the family's assessment notice who is attending another approved service? ☐ Yes ☐ No

*Answering YES to any of the above questions may affect your child's CCB percentage or entitlement to eligible hours and allowable absence days.

To avoid an underpayment, contact the office on (03) 6424 4855 if your usage of other child care services change.

PARENT DECLARATION:

I, the parent/guardian, agree to:

- Abide by the regulations and policies outlined in the copy of the Parent Handbook I have been given.
- **Record and initial** the time of arrival and departure of my child on the Records of Care/Timesheet each day **at the time of arrival and departure**.
- Sign and date the timesheet to approve the claim for Child Care Benefit, which will be made on your behalf by MLCCS. Unsigned and/or undated timesheets will not be processed and will be returned to the educator to obtain parent/guardian signature or date.
- Provide my educator with reasons for absence, and **initial** these on the Record of Care.
- Abide by the service policy and guidelines for fee and charges.
- Pay the scheduled late pick-up fee when applicable **N.B.** Child Care Benefit is not available to cover this cost.
- Pay the Service on time. I understand that failure to do so may result in the loss of my child care place and inability to access other child care services provided by MLCCS.
- **Give one week's notice (or one week's fees in lieu) prior to ceasing care with an educator.**
- Accept responsibility to monitor the quality of care of my child/ren and inform the co-ordination staff accordingly.
- Give permission for the service to seek qualified medical attention, as deemed appropriate, in the event of illness or injury to my child.
- Agree to arrange collection of my child from the educator immediately if notified that the child has become ill whilst in care.
- Advise the MLCCS office of any infectious conditions affecting my child/ren.
- Give MLCCS permission to disclose the name of my child/ren should it be necessary to inform the Dept. of Community and Health services of an outbreak of a notifiable disease in accordance with the Public Health Act.
- Provide a copy of any court order relating to my child/ren in care, without this, I understand that my child/ren can be released to either parent.
- And understand the educators and staff are mandatory reporters.
- Advise the MLCCS office of any changes to the above information.
- Receive the Quarterly CCB parent statement ☐ **YES** ☐ **NO** if yes I would like to receive it by **Mail** ☐ **or via E-mail** ☐, please provide e-mail address in section provided on page 1.

PARENT NAME:

PARENT SIGNATURE: **DATE:**

Witness Name: Witness signature: Date:

MLCCS: Staff signature: Date:

OFFICE USE ONLY

Agreement Check	Staff	Date
Information Complete		
Actual Booked Hours, each child		
School Hours, each child		
SCCB Self Approval Requirement		
Parent Admin Levy Assessment Complete		
Final Agreement Approval		

Processing Checks		
Harmony Data inc. CCB Eligible person		
Flags		
Scanned to File		
Copy to Parent & Letter		

PLEASE RECORD ANY PERMANENT CHANGES TO THE AGREEMENT HERE:

(Please ensure both parent & educator initial changes, then forward to the office for approval)

Change Applies from:									
Permanent Booking <input type="checkbox"/> Roster Applies <input type="checkbox"/>									
Child			MON	TUE	WED	THU	FRI	SAT	SUN
1		START							
		FINISH							
		START							
		FINISH							
2		START							
		FINISH							
		START							
		FINISH							
3		START							
		FINISH							
		START							
		FINISH							
4		START							
		FINISH							
		START							
		FINISH							

PARENT NAME:

PARENT SIGNATURE: DATE:

Witness Name: Witness signature: Date:

MLCCS: Staff signature: Date:

OFFICE USE ONLY

Agreement Check	Staff	Date
Information Complete		
Actual Booked Hours, each child		
School Hours, each child		
Final Agreement Amendment Approval		

Processing Checks		
Harmony Data		
Scanned to File		
Copy to Parent & Letter		

Change Applies from:									
Permanent Booking <input type="checkbox"/> Roster Applies <input type="checkbox"/>									
Child			MON	TUE	WED	THU	FRI	SAT	SUN
1		START							
		FINISH							
		START							
		FINISH							
2		START							
		FINISH							
		START							
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3		START							
		FINISH							
		START							
		FINISH							
4		START							
		FINISH							
		START							
		FINISH							

PARENT NAME:

PARENT SIGNATURE: **DATE:**

Witness Name: Witness signature: Date:

MLCCS: Staff signature: Date:

OFFICE USE ONLY

Agreement Check	Staff	Date
Information Complete		
Actual Booked Hours, each child		
School Hours, each child		
Final Agreement Amendment Approval		

Processing Checks		
Harmony Data		
Scanned to File		
Copy to Parent & Letter		