PARENT/GUARDIAN INTERVIEW

This is to confirm, that I _____ Parent of,

Child 1 _____Child 2_____

Child 3_____

Have attended an interview with _____ (staff name) and have been provided all appropriate information, about my responsibilities about my children attending family day care.

My Child's start date with the service is on _____

I, understand that

1. When I am travelling overseas or going on a holiday, I need to inform the office 1 week prior.
2. My gap fee obligations are payable into the educator's bank account.
3. Harmony Pin cannot be shared, your partner will be provided a separate pin number.
4. No pickup and drop off service will be allowed, if noticed spot termination will be given
5. Exclusion period and absences are explained
6. Medical condition policy explained
7. No food will be provided by the educator, all nutritious meals need to be provided by the parent.
8. Are you or your children related to the educator? Yes/No

Parent Signature: _____ Date: _____

Staff signature: _____Date: _____

Checklist:

- ☐ Parent ID's copy
- ☐ Immunisations copy
- ☐ Medicare card copy
- ☐ Birth certificate copy
- ☐ Medical Plan
- ☐ Check for Assistant consent form, Non-related Emergency contact
- ☐ Paracetamol consent, Routine Excursion Details
- ☐ Face to Face Interview
- ☐ Telephone interview -> This paper will be emailed to the parent for signature and verification purposes.
- ☐ covid19 checklist declaration

COVID 19 PARENT QUESTIONNAIRE

1.Do you or your child or any family member currently have any signs/symptoms of a respiratory infection such as fever, cough, shortness of breath, body aches, or sore throat?
Yes
No

2.Have you or your child or any family member had any symptoms of respiratory illness (cough, nasal congestion) in the past 14 days?
Yes
No

3. Have you or your child or any family member travelled within the last 14 days to countries with substantial community transmission, or have you been in a location where crowds are restricted to a common location (e.g., cruise ship/airplane)?
Yes
No

4. Have you or your child or any family member recently travelled to a COVID-19 infected area?
Yes
No

5. Have you or your child or any family member come into close contact (within 6 feet) with someone who has a laboratory-confirmed COVID – 19 diagnosis in the past 14 days?
Yes
No

6. Do you or your child or any family member have a fever (more than 37 degrees)?
Yes
No

7.Do you or your child or any family member have symptoms of lower respiratory tract infection such as cough, shortness of breath, or difficulty breathing?
Yes
No

8. Have you/or your child recently travelled to Victoria?
{Please note as per government advice if you have travelled to Victoria in the past weeks, you need to self isolate and cannot attend day care.} (updated 09/07/2020}
Yes
No

I declare that, I have answered all of the above questions with clarity and honesty.

Parent Signature:_____ Date:_____

CHILD ENROLMENT FORM

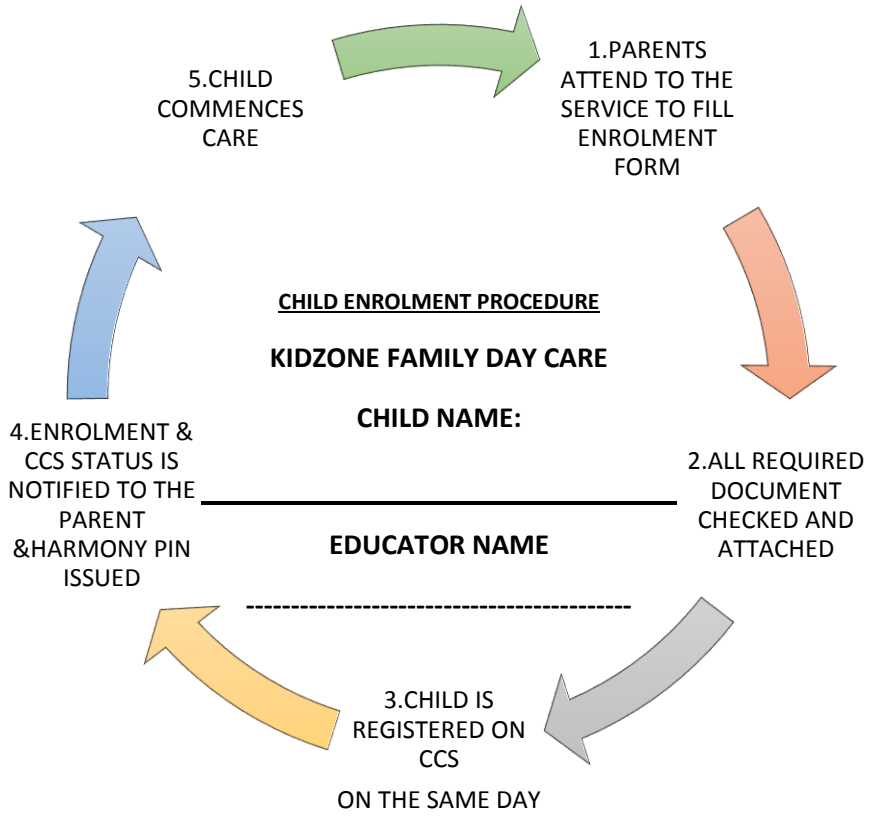
This information will be kept confidential by staff in the Coordination Unit and the Educators of the Service.

WELCOME TO KIDZONE FAMILY DAY CARE

This Enrolment form is to be completed and provided to the Family Day Care Coordinator Unit prior to the child commencing care. Also required is a copy of the child's birth certificate or passport and your child's Immunisation Statement from the Australian Childhood Register. All information will be kept confidential by the staff in the Coordination Unit and the Educators of the Service.

It is essential that all areas of the form are completed, and the information is updated any time there are changes.

NOTE: NO CARE CAN COMMENCE PRIOR TO ENROLMENT PROCESS BEING COMPLETED



OFFICE USE ONLY:

All areas of the form complete	Complete	Incomplete
Birth certificate copy attached	Complete	Incomplete
Immunisation record attached	Complete	Incomplete
Copy of medical plan (*if required*)	Complete	Incomplete N/A
START DATE: _____		
ENROLMENT SENT DATE: _____ **CWA SENT DATE:** _____		
APPLICATION RECIEVED DATE: **IMMUNISATION SIGHTED:** **DATE:**		

Please print clearly using a BLACK PEN and ensure all DETAILS are provided

CHILD DETAILS	**MALE** □ **FEMALE** □
Last Name:	First Name:
Other or Former Name:	
Date of Birth: / /	Place of Birth:
Nationality:	
Residential Address:	post code:
Is the child related to the educator? yes/no	if yes : Relationship:
Centrelink Reference Number:	
Medicare Card Number:	

OTHER CHILDREN IN THE FAMILY	
Name:	Name:
Date of Birth:	Date of Birth:
Name:	Name:
Date of Birth:	Date of Birth:

Parent 1 (Registered Parent)	**Parent 2**
Last Name:	Last Name:
First Name:	First Name:
Email:	Email:
Date of Birth	Date of Birth:
Customer Reference No:	Customer Reference No:
Residential address:	Residential Address:
Post Code:	Post Code:
Home Phone: ☎	Home Phone:☎
Mobile Number: 📱	Mobile Number: 📱
Are you related to the educator? Yes/No	Are you related to the educator? Yes/No
Occupation:	Occupation:
Are you a Family Day Care Educator: Yes/NO	Are you a family Day Care Educator: Yes/No

Custodial Parent
Are there any court orders Parenting orders or parenting plans in place? Yes □ No □
If Yes, Please Attach Court Notice or Order Notice:

Home Environment		
Country of Birth		
Mother:	Father:	Child:
Religion or Cultural Background		
Mother:	Father:	Child:
Primary Language		
Mother:	Father:	Child:
Are you an Aboriginal/ Torres Islander origin? Yes / No		
Mother:	Father:	Child:

Special consideration for child: e.g. Religious, cultural, dietary requirements or additional needs
_____

Medical and Health	Health Fund Information
Name of the Doctor/Medical service	**Medicare Number:**
Address	**Name of other Health Fund:**
Phone ☎	**Health Fund Number:**

Ambulance Cover
Do you have ambulance cover? Yes / No

Has your child ever been diagnosed at risk of		Please provide details
Anaphylaxis	□ Yes □ No	
Asthma	□ Yes □ No	
Allergies	□ Yes □ No	
Eczema	□ Yes □ No	
Convulsions	□ Yes □ No	
Epilepsy	□ Yes □ No	
Diabetes	□ Yes □ No	
Does your child have any other medical problems or other health needs?	□ Yes □ No	

If you have answered '*Yes*' to any of the above questions, a copy of a *current* medical plan must be included and regularly updated

Does your child take regular medication?	□ Yes □ No	
Does your child have any dietary restrictions?	□ Yes □ No	
Is your child immunised? Please provide/attach copy of current information record and updates.	□ Yes □ No □Undergoing	

MON	TUE	WED	THU	FRI	SAT	SUN

Does your child attend care at another FDC, OOSH, Long Day Care or Vacation Care? YES or NO

MON	TUE	WED	THU	FRI	NAME OF THE SERVICE:

HOURS & DAYS CARE IS NEEDED

Care during non-standard hours will require documentary proof to be approved.

Overlapping of Care: It is the responsibility of the parent/guardian to make sure that the children are not booked for care on the same day they are attending another Long Day Care/OOSH/Vacation Care or another FDC service, If the service identifies any overlapping bookings for the child, you will be subject to fine issued by the service.
I agree to the above information and will make sure no bookings are done on the same day the child is attending another service.

Signature of Parent: _____ Name: _____Date: _____

AUTHORISATIONS

I give permission to the Educator and Staff of KIDZONE Family Day Care to contact the following people to collect my child and/or advise on the welfare of the child in the event of an emergency. I will give PRIOR notice to the Educator for those people to collect my child. In the event of an emergency the Educator and/or staff will always attempt to contact the parents first before the contacts listed below. Please note that where consent is given to someone other than a parent to collect a child in an emergency, they should be able to collect the child within 30 minutes of being called. An emergency contact must produce satisfactory identification when collecting the child and must sign the attendance record.

1st Contact COMPULSORY (Not parents)	**2ndContact COMPULSORY (Not Parents)**
Last Name:	Last Name:
First Name:	First Name:
Former Name: (If any)	Former Name (if any)
Date of Birth	Date of Birth:
Residential address: EMAIL :	Residential Address: EMAIL:
Post Code:	Post Code:
Home Phone: ☎	Home Phone:☎
Mobile Number: 📱	Mobile Number: 📱
Work Number:	Work Number:
Relationship to child:	Relationship to child:
Authorise excursions :□ **Yes** □ **No** Collect the child: □ **Yes** □ **No** Emergency Contacts: □ **Yes** □ **No** Consent to medical treatment/authorise Administration of medication. □ **Yes** □ **No**	Authorise excursions: □ **Yes** □ **No** Collect the child: □ **Yes** □ **No** Emergency Contacts**:** □ **Yes** □ **No** Consent to medical treatment/authorise Administration of medication□ **Yes** □ **No**

Infectious Diseases Authorisations

If my child contacts an infectious disease I agree to exclude him or her from Family Day Care for the period recommended by the Department of Health, and on request, provide a medical certificate.

In the event of an emergency, I authorise the Educator or KIDZONE Family Day Care staff to arrange and transfer my child to a suitable alternative placement or for staff to provide the care for my child, either at my child's Educator's home or at the Family Day Care office.

Medical Treatment/Ambulance Services Authorisations

I hereby consent the Educator or staff of KIDZONE Family Day Care, in the case of an emergency, to obtain medical treatment from a registered medical practitioner, hospital, or ambulance service and transportation by ambulance if necessary for the welfare of my child (costs to be borne by parent).

Emergency service Authorisation

I consent to the details on this form being released to Emergency Services personnel and/or the Department of Community Services in an emergency if needed.
If every reasonable effort to contact parents and authorised nominees (emergency contacts on this form) have failed, a doctor or dentist considers immediate medication, anaesthetic or minor surgery is necessary, a doctor or dentist has my permission to administer same.

Release of Details Authorisation

I consent to the details on this form being released to Emergency Services personnel and/or the Family and Community Services Department in an emergency if needed.
I agree to the above authorisation (pg. 6) and authorised nominees (pg. 5) that have been listed previously.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

OPTIONAL AUTHORISATIONS

Sunscreen

I hereby give consent to an appropriate sunscreen to be administered to my child by the Educator.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Photographs

Occasionally photographs are taken of children in our service for use in our programming and portfolios. I hereby give permission for photographs of my child/children to be taken and used for programming and portfolios.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Excursions Authorisations

I hereby authorise the Educator to take my child on local excursions or outings away from the Family Day Care home (permission forms and risk assessments will be completed prior to excursions).

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

ADMINISTRATION OF PARACETAMOL IN CASE OF AN EMERGENCY

In the case of an emergency a child with a high fever, which may endanger the child's health if not controlled immediately, may have administered one only close of paracetamol liquid.

The following conditions must apply:

- The child has a temperature of 38 degrees' or more.
- Other methods of lowering the temperature (such as sponging) have been attempted.
- The consent note below is signed by a parent.
- The recommended dosage for the child's age/weight is adhered to.
- The family day care office is informed, prior to administering the paracetamol.
- A written record is kept of the date, time and amount of paracetamol administered and child's temperature prior to administration.
- If possible, the child's parent or emergency contact has been phoned and asked verbal permission to administer the Paracetamol.

PARENTAL CONSENT TO ADMINISTER PARACETAMOL INCASE OF AN EMERGENCY

I _____(parent name) give consent for the family day care staff/educator {name }_____ to administer one dose of liquid paracetamol to my child _____(child name) according to the above conditions/ directions.

Parents signature: _____ date: _____

CHILD CARE SUBSIDY INFORMATION

Do you wish to claim CCS and/or the ACCS for the child you are enrolling in KIDZONE Family Day Care?

If YES, you must provide both the parent's and child's Customer Reference Number (CRN) and contact the Family Assistance Office on 13 61 50 to advise how you wish to claim either or both payments.

CHILD SWAPPING LEGISLATION

Do you already receive CCB for another child in another service? **YES** □ **NO** □

PLEASE NOTE that if you are a Family Day Care Educator with this or any other scheme, you and your partner will not be entitled to claim ACCS and/or CCS for days your child is in care with another Family Day Care Educator if you provide Family Day Care on that same day, unless one or more specified circumstances apply. If you are not currently a Family Day Care Educator but decide to become one in the future, you must inform the Scheme within 7 days of starting operation. If you or your partner have answered yes to the question "Are you a Family Day Care Educator?" on page 2 of this form, do any of the below specified circumstances apply? Tick any that apply.

□**Your child has been diagnosed as having a disability or is undergoing continuous assessment of a disability.**

□**You live in a remote or very remote area within Australia.**

□**You are required to work other than for an approved Family Day Care Service.**

□**You are required to attend education or training.**

CARE OF OWN CHILDREN OR SIBLINGS EXCLUDED FROM CHILD CARE SUBSIDY

There is **NO** entitlement to Child Care Subsidy or Additional Child Care Subsidy where a Family Day Care educator, or their partner, cares for;

- Their or their partner's child, including a foster care child, adopted child, kinship child or child for which they otherwise have legal responsibility, or
- Their or their partner's brother, sister, half-brother or half sister, step-brother or step sister.

Information Sourced from (Types of eligible Child Care Service | Department of Education and Training) Child Care Provider Handbook.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

PLEASE ASK YOUR EDUCATOR IF SHE HAS AN ASSISTANT BEFORE COMPLETING

☐ **NO ASSISTANT**GO TO ⟶ PARENT AGREEMENT

ASSISTANT NOTIFICATION CONSENT FORM

Dear Parent/Guardians

RE: EDUCATOR ASSISTANT NOTIFICATION TOPARENT/GUARDIANS

This is to notify that has 1st Assistant Name: ……,

2ND Assistant name: ……

Has been approved as an educator's assistant for your child/ren ……. (Child's name) in the event where the primary educator……(Educator's Name) is not available to provide care for up to 4 hours.

An Educator Assistant is approved to provide care either in emergencies or for short periods of time, to the children in care with the Primary Educator. This care is covered under the Educators insurance and permitted under Regulation 144. Care with the Educator Assistant will at no time extend beyond four hours. The Family Day Care office must be notified at the start and end of the relief care period.

The Educator Assistant has applied for and successfully met the following criteria:

1. Holds a current Working with Children's check.
2. Has a current Apply First Aid Certificate and CPR.
3. Has undertaken Anaphylaxis and Asthma training.
4. Signed and agree to abide by the Code of Conduct and/ Educator Agreement.
5. Is covered by Public Liability insurance with Family Day Care Australia as an Educator assistant.
6. Has provided a copy of their motor vehicle Driver's License.
7. Advised all parents of children in care with the Primary Educator

It is important that you are aware of all details regarding the care being provided to your child/ren. Please take the time to complete the attached form and return it to either your Educator or direct to the Co-ordination Unit.

Should you have any questions or concerns regarding this issue, please do not hesitate to contact the Co-ordination Unit.

Yours sincerely
Ahmed Ibrahim
Scheme Director
Kidzone Family Day Care

TO: Co-Ordination Unit

RE: Educator Assistant Status

I …… have received
(Parent Name)

notification that 1st Assistant Name: ……,

2ND Assistant name:……

has undertaken an Educator Assistant interview by the Coordination Unit and has successfully met the following criteria:

1. Holds a current Working with Children's check.
2. Has a current Apply First Aid Certificate and CPR.
3. Has undertaken Anaphylaxis and Asthma training.
4. Signed and agree to abide by the Code of Conduct and/ Educator Agreement.
5. Is covered by Public Liability insurance with Family Day Care Australia as an Educator assistant.
6. Has provided a copy of their motor vehicle Driver's License.
7. Advised all parents of children in care with the Primary Educator

I agree to …… providing relief care for our child/ren. I am aware that if I have any concerns the Co-ordination Unit can be contacted, and direction will be sought.

……(parent/guardian signature)

Date: ……/……/….

OFFICE USE ONLY:

Name of Staff Receiving:…… Signature:……

Information sourced from

Kid zone FDC policies and Procedures.
The Education and Care National Regulations and The National LAW

PARENT AGREEMENT

1. I accept the policies and procedures set down by KIDZONE FDC and agree to abide by these conditions, I understand that KIDZONE FDC policy manual is always available for viewing.

2. I agree in order to be eligible for Australian Government fee assistance (e.g. CCS), the care arrangement and all associated invoices, receipts and statements must make clear that the care is being provided by the service and that the fees are being paid to the service.

3. I agree to abide by the conditions outlined in the Educators Individual Fee Schedule and Parent/Educator Agreement regarding payment of fees, food provisions and other arrangements as contained therein.

4. I agree to notify the Family Day Care office (Ph 97878301) of any changes in the agreed hours or days of care and to sign the relevant forms pertaining to this.

5. I agree to record and initial actual arrival and departure times on attendance records, as required by the Department of Education, Employment and Workplace Relations, as an accurate record of actual hours of attendance. I agree to sign the attendance record stating this is an accurate record of hours for which payment is to be made.

6. I am aware that full fees are to be paid if my Child Care Service (CCS) is cancelled or waiting processing by the Department of Human Services (DHS).

7. I agree to keep receipts issued to me by the educator as a record of fees paid.

8. I authorise the Co-ordination Unit to deduct the amount of Family Levy paid by myself to the educator.

9. I understand my child will be visited by a scheme Co-ordinator who will observe the developmental progress of my child at regular intervals and make referrals to other agencies if required with my consent.

10. I agree to supply immunisation records (ACIR statement) to the Family Day Care Office each time my child's immunisation is updated. Please be aware as per Parent Booklet as directed by Public Health Unit.

11. In case of accident or other emergency resulting in the need of immediate medical, hospital or dental treatment, if parent/guardian not contactable, I hereby give my consent for the educator to contact an ambulance or arrange for my child to be seen by his/her doctor or failing that the nearest hospital, medical or dental service available. I agree to pay all costs incurred.

12. I agree that in an emergency or drill where evacuation is necessary that my child may need to leave the service under the direction and supervision of the educator.

13. In case of my child contracting an infectious disease, I agree to exclude him/her from the family day care home for a period, recommended by the NSW Dept. of Health, and to pay the regular childcare costs as a holding fee for my child's placement.

14. I understand that parent permission notes are to be signed for each excursion outside the educator's home. Routine excursion forms can be signed for yearly, e.g. playgroup, library visits, park, school drop-offs and pick-ups. All families are to be informed prior to outings undertaken by the educator under all circumstances. I agree to pay all costs of excursions and outings to the educator in addition to regular fees if applicable.

15. I agree to provide accessible emergency contact details to my educator as an alternate option to the parent/guardian in case of an emergency and the parent/guardian cannot be contacted.

16. I understand that Family Day Care placements operate according to Department of Education, Employment and Workplace Relations Priority of Access Guidelines and that I may be asked to vacate my position for someone on a higher priority.

17. I understand that , my child is not in any way related to the educator and I understand the child swapping legislation mentioned above.

Parent/Guardian Name_____ Date: _____

Signature_____

IMPORTANT NOTE: **ALL REQUIRED DOCUMENTATION IS REQUIRED FOR EVIDENCE TO BE SENT TO THE DEPARTMENT OF EDUCATION UPON REQUEST.**
PARENT PROVIDED DOCUMENTATION: YES OR NO **Nominated Supervisor APPROVED: YES OR NO SIGNATURE OF N.S:**