



Early Years Care

Re-enrolment Package 2024

For existing families

Educator: _____

Child: _____



Early Years Care

Dear Families

We are now confirming 2024 placements for all current families. To ensure that you receive the childcare day/s to coincide with your weekly routine please submit your child/ren's name in the space provided below and tick your preferred days.

New family enquiries for next year are now being registered, you will be given priority for placements until October 31st and positions will then be offered to new families.

Important: Also attached is an Emergency Information Update form and Authorisation forms. If there have been any changes to your family circumstances or emergency contact details please submit where required and return with the Re-enrolment Form. You will not be re-enrolled without this information, a new placement agreement and updated immunisation details. Please return your forms by October 31st 2023. For our records we require authorisations to be signed annually. Thank you for your assistance with these administration requirements. If you have recently enrolled please disregard this request.

Thank you
Early Years Care

Child Details

Given Name:

Last Name:

Days of care required:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

Given Name

Last Name:

Days of care required:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun



Early Years Care

Update of Contact Details

Please complete and return to the Office ASAP

There have been no changes to my circumstances for 2022. Signature: _____

Educator:

Name of Child/ren:

| | Parent One | Parent Two |
|--|--|------------|
| Name: | | |
| Date of Birth: | | |
| Residential Address: | | |
| Mailing Address (if different from above) | | |
| Home Phone Number: | | |
| Work Phone Number: | | |
| Mobile Phone Number: | | |
| E-mail Address: | | |
| Place of Work (Work Status FT, PT, CS): | | |
| Emergency Contacts | Have your emergency contacts changed? Please complete new enrolment form | |
| Authorised to Collect: | | |
| Medical Contacts: | | |
| Signature: | | |
| Date: | | |



Early Years Care

Child Placement Agreement

January 2024

This must be filled in every time you change hours or days so childcare benefit can be administered accordingly.

Parents/Guardian Name:

Child's Name:

Date of Birth:

Educator's Name:

Date of Childcare Commencement/Change:

Hours booked in:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|--------|---------|-----------|----------|--------|----------|--------|
| Start | | | | | | | |
| Finish | | | | | | | |

A contract must be filled in and signed for each child in care.

Parents/Guardian Name:

Parents/Guardian Signature:

Date:

Educator's name:

Educator's Signature:

Date:

Number of children in care in this or any other childcare service:

If this changes please inform your Educator as this will affect your CCS rebate.

| OFFICE USE | |
|-------------|--|
| Checked By: | |
| Name: | |
| Signature: | |



Early Years Care

Parent Agreement for Enrolments

Child's name is:

Educator's name:

I, _____, agree to the following conditions regarding my child's enrolment with Early Years Care. I understand that full fees must be paid until confirmation of my entitlement to Child Care Subsidy is received.

I will keep to the agreed hours of care and pay fees according to my contract with my Educator. When I use casual care I will pay at the time of care. I will sign and date my time sheets correctly each day.

I will notify the Educator prior to the expected arrival time, if my child will not be attending or will be late.

I understand that I will need to complete a new contract with my Educator when my hours of care change.

I agree to give the Educator 4 weeks (20 working days) notice if care is no longer required. I understand that I must finalise all outstanding debts before finishing care or Centrelink will be notified.

I agree to give the Educator 2 weeks (20 Working Days) notice when taking holidays. I agree to pay full fees to keep my placement. I understand that if my child takes holidays which coincide with the Educators holiday, then no fee is payable.

I understand that fees are payable for the days and hours that I have indicated on the placement agreement. I agree to pay for public holidays, days off for illness and holidays. I am not required to pay for days that my Educator is unavailable.

I understand that my fees are due on the first day of care each week and if I fall behind in my fees I risk forfeiting my child's place. I will be given 24 hours notice of this.

I am aware that CCS covers a total of forty two (42) days absences (not including sick with a Doctor's certificate) and I will tell my Educator of any absent days used by the child in another service.

I will notify the Educator and office immediately, in writing, of any changes in address, phone number, place of employment, emergency contacts or any changes in medical conditions.

I am aware that I cannot claim childcare subsidy for absent days on the first or last day of contracted care.

I understand that my child must be immunised as per the Australian Schedule to attend care.

I agree to update my child's health management plans and details regularly with my educator.



Early Years Care

Parent Agreement for Enrolments

I agree to keep my child home for the recommended period of time should I know or suspect that they are suffering from illness. I understand that a Doctors certificate must be supplied before recommencing care. In the case of my child becoming ill at daycare I will be contacted. Should my Educator be unable to contact me they will contact the authorised emergency contacts that I have provided. In the case of an accident or sudden serious illness, I understand and give permission for the service to seek urgent medical, dental or hospital treatment or ambulance service and that I am liable for the charges associated. I give my permission for the appropriate medical, dental or hospital treatment to be carried out. I agree to pay full fees on these days.

I consent to my child/children being placed in the care of another registered Educator, or an Early Years Care staff member, if my Educator is unavailable due to unforeseen circumstances.

I am aware that it is my legal responsibility to accurately sign my child in and out of the service each day. I will not share my harmony details with anyone.

I understand that during Play Session, compliance visits or excursions, the scheme staff may take responsibility for my child. I understand that unless I am notified, my Educator is always on the premises with my child.

I authorise the Educator and Early Years Care staff to conduct observations as required by our policies and procedures. (These records are available to view by parents on request and will remain confidential at all times).

I have provided accurate information on the enrolment form and agree to abide by the agreement.

I will notify Centrelink that we are starting care with Early Years Care and accept my care contract on MYGOV.

I will do my best to be an important part of the service by communication with my educator. A strong care partnership is beneficial to my child's learning, development and wellbeing.

I understand that the childcare contract is between myself and Early Years Care as the approved childcare service.

| | |
|----------------------------|-------|
| Parent/Guardian full name: | |
| Signature: | Date: |

| | |
|---------------------|-------|
| Educator full name: | |
| Signature: | Date: |

Authorisations



Early Years Care

Educator:

Name of Child/:

| | | | |
|---|--|---------------------------------|--------------------------------|
| I authorise my child to participate in all activities offered by the educator and Early Years Care. A program and weekly planner will be on display for families. I need to sign the educator's weekly planner on a daily basis. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| In the case of an emergency, I authorise an approved person or Early Years Care staff member to supervise the children if the educator is not able to. I will always be notified of this. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| I give permission for my child to participate in local excursions e.g. walks to local parks and sports ovals and visits away from the childcare setting under supervision of my Educator. Notification will be provided for any excursion away from the home. A weekly planner will be on display and will require my signature. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| I give permission for my child to view G or PG rated programs (Tv, DVD, Videos or movies) and play G or PG rated computer games. Screen time is kept very minimal at Early Years Care – no more than 30 minutes per day. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| I authorise my child to have sensory contact with animals within a safe environment under supervision. This may be at the educator's home or on an excursion. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| I authorise my child to have interactions with the environment through plant, gardening and a garden to kitchen program. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| I will only bring healthy food to childcare in minimal wrapping (no lollies, chips, jellies, soft drink, juices etc.). I will take note of the services nutrition policies and understand that alternative food will be provided if food is brought that is not suitable. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| I agree that if my child has been injured, or becomes ill whilst in care or the educator thinks that it is necessary, they will seek urgent medical, dental or hospital treatment or ambulance service, and I give consent to the carrying out of appropriate medical, dental or hospital treatment. I understand that I may incur medical costs. | | | |
| Parent/Guardian Signature: | | Date: | |
| Administration of Paracetamol Mixture: I agree that if my child is older than 6 months and has a temperature higher than 38 degrees and is in discomfort and/or pain whilst at the service, the Nominated Supervisor may give permission to administer a single dose of paracetamol mixture (such as, Panadol) to my child, if a parent cannot be contacted. If no, please specify alternative action: | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |



Early Years Care

| | | | |
|---|--|---------------------------------|--------------------------------|
| Administration of Asthma First Aid: I agree that if my child has difficulty in breathing whilst at the service, the Educator may administer Ventolin. If no, please specify alternative action: | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| Administration of Allergies and Anaphylaxis Emergency Kit: I agree that if my child has no known allergy but appears to be having an anaphylactic reaction whilst in care, the educator will call an ambulance and the educator who has a current First Aid Certificate, will follow the recommended treatment from the ambulance staff until they arrive. If no, please specify alternative action: | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| Water Play: I give permission for my child to participate in fully supervised water play. I understand that this includes hoses, sprinklers, water troughs and small wading pools. My educator and staff will follow all water safety policies and procedures. I will be notified of all other water play and risks separately, e.g. excursions, river kindy, bush play, wetlands etc. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| Trampoline Play: I give permission for my child to jump/play on trampolines under direct supervision. All trampolines are Australian Standards and I understand that they pose an above normal risk of injury to children. I give permission for my educator to seek medical assistance if necessary. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| Climbing Trees: I authorise my educator to allow my child to climb trees beyond the recommended height of 50cm without soft fall under direct supervision. Tree climbing poses an above normal risk of injury to children. I give permission for my educator to seek medical advice if needed | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| Mosquito Repellent: I authorise the use of mosquito repellent during outdoor/bush play. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| Blood Transfusion: In case of extreme emergency, do you authorise a medical blood transfusion. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| Nappy Cream: I authorise the use of nappy cream for rashes I authorise the use of nappy wipes during changing procedures. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |
| Early Years Care will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for any; regular outings (once every twelve months; or an excursion that is not a regular outing. | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |



Early Years Care

Cancellation of Care Form

Childs Name:

Educators Name:

Date child will cease care:

I,

have given the above educator 4 weeks' notice of my attention of ceasing care or an agreed notice period, due to:

I understand that if my child does not attend this service during this period of time, I need to pay full fees as per Family Assistance Law. My child cannot start or end care on an absence and claim Child Care Subsidy (CCS)

Parents/Guardian Signature:

Date:

Educator's Signature:

Date:

Yes. I would like to offer management some feedback