



Castlereagh Family Day Care

FDC Scheme No. 1 - 3AW - 89

High Quality Childcare in

Coonabarabran, Baradine, Coolah, Coonamble and Gilgandra areas



14 Robertson St,
P.O Box 191, Coonabarabran, 2357
Phone 6849 2222, Fax 6842 1236
Email: familydaycare@warrumbungle.nsw.gov.au

Sponsored by
Warrumbungle Shire Council
ABN: 63 348 671 239

ENROLMENT FORM

Welcome to Castlereagh Family Day Care. The Enrolment Form is to be completed by a parent / guardian and returned to the Coordination Unit Office in Coonabarabran, together with the enrolment fee of \$25.

A copy of the Child's details will be given to the Educator/s upon commencement of care.

Annually you will be required to review and update a 'Family Details Report' with your Educator/s.

- ENROLMENT FEE:** \$25.00 per family, annually.
- RECEIPTS:** Ensure your Educator issues you with a receipt for all fees paid. You will be issued with 12 weekly statements from the coordination unit. It is important that you check these statements carefully to ensure all the information is true and correct.
- CHILD CARE BENEFIT:** Parents can apply for Child Care Benefit (CCB), contact:
Family Assistance Office (FAO) on 136150 (open 8am – 8pm) OR go to website
<http://www.familyassist.gov.au/payments/family-assistance-payments/child-care-benefit/>
Tell them you are putting your child in care with Castlereagh Family Day Care and wish to **“Test your eligibility for CCB”** or **“Notify them of your intent to claim CCB as a lump sum at the end of the financial year”**. You can choose to have fees reduced weekly or as a lump sum payment at the end of the financial year.
They may ask you for reference numbers for our service:
CCB Approval ID: 1-6PX-2747 or FDC Scheme ID: 1-3AW-89 **All families must apply for a Customer Reference Number (CRN) and supply this and the child's CRN to Castlereagh Family Day Care Office for the Child Care Benefit to be paid.**
- CHILD CARE REBATE:** From July 2011 you have the option to receive your Child Care *Rebate* paid either direct to service, direct to customer, quarterly or annually. Payment of Child Care Rebate is based on the frequency of child care attendance data received from your Child Care Service. When you choose a payment option, this option will be applied for the entire financial year.
<http://www.familyassist.gov.au/payments/family-assistance-payments/child-care-rebate.php>
- ABSENCES & PARENTS HOLIDAYS:** You are entitled to 42 allowable absences.
With prior notice given of two (2) weeks, a holding fee will apply to Permanent Bookings.
- DOCUMENTATION REQUIRED FOR ENROLMENT: Please check the following is completed.**
- | | |
|---|--|
| <input type="checkbox"/> Completed enrolment forms (incl. all signatures) | <input type="checkbox"/> Family CRN |
| <input type="checkbox"/> A copy of your child's Birth certificate | <input type="checkbox"/> Child CRN |
| <input type="checkbox"/> Proof of immunisation – this must be the Immunisation History Statement (not blue book) | <input type="checkbox"/> Attached copies of any Court Orders if applicable |
| <input type="checkbox"/> Contacted the FAO | <input type="checkbox"/> Enclosed enrolment fee of \$25 |

Once you have completed the above checklist please return all forms marked “Confidential” to:

The Coordination Unit
Castlereagh Family Day Care
Po Box 191
Coonabarabran, NSW, 2357

A member of the NSW Family Day Care Association





Castlereagh Family Day Care Enrolment Form 2015

OFFICE USE ONLY

Immunisation records copied
Birth certificate copied

COMMUNITY SERVICES

yes no
yes no

BARNARDOS

Enrolment fee paid: YES [] NO [] N/A []
Receipt No _____ Date: _____

OTHER

Cash Cheque Direct Debit

Emergency contact acknowledgements received 1 ___ 2 ___ 3 ___ 4 ___ Commencement Date: ___/___/___

Please enter name of your chosen Educator/s (if known) & indicate days of care with each Educator:

Educator: _____ Days: M T W T F S S
Educator: _____ Days: M T W T F S S

Parent 1 / Guardian -- (CCB claimant)

Surname

First name/s: _____

Any other name/s you may be known by:-

Relationship to the child/ren: _____

Date of Birth: _____

Customer Reference No: _____ - _____ - _____

Home Address: _____

Postal Address (if different to above)

Home phone: _____

Mobile: _____

Email: _____

Preferred method of communication from Coordination Unit: Email Paper Both
Email only Paper only
(You will receive quarterly payment summaries, scheme newsletters and visit reports regarding your child/ren)

Family Status:-
2 Parent Family 1 Parent- Father 1 Parent - Mother Guardian Other (please specify)

Employer / place of study: _____

Address: _____

Work phone: _____

Occupation: _____

Employment Status:- Fulltime Part time
Casual Shift Other _____

Place of Birth: _____

Nationality/Cultural Background: _____

Main language/s spoken at home: _____

Aboriginal

Torres Strait Islander

Sample of Initials or mark: _____

Signature: _____

Parent 2 / Guardian --(Same Authorisation rights as Parent 1)

Surname

First name/s: _____

Any other name/s you may be known by:-

Relationship to the child/ren: _____

Date of Birth: _____

Customer Reference No: (not applicable)

Home Address: _____

Postal Address (if different to above)

Home phone: _____

Mobile: _____

Email: _____

Preferred method of communication from Coordination Unit: Email Paper Both
Email only Paper only
(You will receive quarterly payment summaries, scheme newsletters and visit reports regarding your child/ren)

Family Status:-
2 Parent Family 1 Parent- Father 1 Parent - Mother Guardian Other (please specify)

Employer / place of study: _____

Address: _____

Work phone: _____

Occupation: _____

Employment Status:- Fulltime Part time
Casual Shift Other _____

Place of Birth: _____

Nationality/Cultural Background: _____

Main language/s spoken at home: _____

Aboriginal

Torres Strait Islander

Sample of Initials or mark: _____

Signature: _____

Name of person completing form: _____

Date: _____

{1}

Family Details

Other household members: [] Siblings: _____ [] Others: _____

Family customs to be respected: _____

Does your child have any cultural / religious restrictions? _____

Have there been any major changes in the family recently?

[] birth [] death [] separation [] divorce [] other (describe) _____

Does your child have any fears? _____

Will your child/children also be in care with another approved Child Care Service (and receiving CCB at that service) Yes No

Name of Service: _____

Do you have other children using another approved Child Care Service (receiving CCB) Yes No

AUTHORISATIONS

<p>I understand that Warrumbungle Shire Council holds the Service Approval for the Castlereagh Family Day Care scheme in accordance with the Education and Care Services National Regulations 2012. Under the Regulation, Castlereagh Family Day Care maintains a register of Educators, and will put me in contact with appropriate Educators. Warrumbungle Shire Council does not employ these Educators, nor does Council engage them as independent contractors. The Educator provides the direct care of my child/ren. I understand that there is no guarantee of placement for my child/ren with the scheme if my Educator is no longer able to provide care for my child/ren.</p>	<p>Initials _____</p>
<p>EMERGENCY MEDICAL AND OTHER TREATMENT I authorise Castlereagh Family Day Care and/or my Educator to seek and obtain any medical, dental, hospital or ambulance assistance as is deemed necessary for the welfare of my child/ren in the event of an emergency. I understand that I am responsible for any costs incurred.</p>	<p>Initials _____</p>
<p>I agree that in the case of an emergency, staff of Castlereagh Family Day Care or another Educator authorised by the scheme may temporarily assume responsibility for supervision of my child/ren as necessary to ensure the continued safety and wellbeing of my child/ren.</p>	<p>Initials _____</p>
<p>ADMINISTRATION LEVY I agree to pay the Administration Levy to Castlereagh Family Day Care. I agree to pay the levy amount to my Educator, who collects this on behalf of the scheme.</p>	<p>Initials _____</p>
<p>PAYMENT OF FEES I agree to pay the calculated weekly fees by the last day of care each week, or otherwise in accordance with my Educator's Independent Fee policy. I am aware that should my payment fall in arrears, my child/ren will lose his/her place in the scheme, and my Educator/s may take action to recover any outstanding fee amounts. My Educator/s can refuse care and fill my place if fees are more than 5 calendar days overdue.</p>	<p>Initials _____</p>
<p>I agree to pay fees in accordance with my care contract, to my Educator to hold my child/ren's place in the event of any absences from my usual care contract / booking (including illness, Public Holidays, vacation, RDO's).</p>	<p>Initials _____</p>
<p>EXCURSION PERMISSION I understand that I must provide written permission prior to my child/ren participating in any outing or excursion. If I prefer my child/ren not participate in a planned outing or excursion, I may seek alternate care through the office, and fees will not be payable to my usual Educator for that period.</p>	<p>Initials _____</p>
<p>INFECTIOUS ILLNESS / DISEASE I agree to exclude my child/ren from care, for the period recommended by the Department of Health, if s/he contracts an infectious illness / disease. On request I further agree to provide a Doctor's Certificate to my Educator confirming my child/ren is no longer infectious and is well to attend care, prior to re-admission into care.</p>	<p>Initials _____</p>
<p>CAR TRAVEL I give permission for my child/ren to travel in the private car of my Educator(s), and in the car of Family Day Care Staff, using suitable child restraints within the meaning of the Regulation 110G of the Motor Traffic Regulations 1935, for routine and NON routine excursions or in emergencies. (In emergencies, or where Educators need assistance to travel to FDC activities, children may need to travel in Staff cars.)</p>	<p>Initials _____</p>
<p>APPLICATION OF SUNSCREEN I hereby authorise my Educator(s) to apply sunscreen to my child/ren when they are in a sun exposed environment. Any specific directions in regard to sunscreen: _____</p>	<p>Initials _____</p>
<p>INFORMATION EXCHANGE I give permission for information regarding my child's care to be exchanged between my Educator and staff of Castlereagh Family Day Care. Specific focus observation by students undertaking child related studies, or referral to other agencies or professionals, may occur only with my written authorisation.</p>	<p>Initials _____</p>
<p>PHOTO CONSENT (Please tick) I authorise that photos taken of my child/ren while in care may be used: <i>(please tick all that apply):</i> <input type="checkbox"/> In documenting my child/ren's progress and time in care <input type="checkbox"/> On CFDC's Facebook page only and only if faces not recognisable / are blotted out (optional) <input type="checkbox"/> Within the scheme premises and activities (optional) <input type="checkbox"/> In promotion of CFDC such as community events coverage, community displays and information occasions (optional)</p>	<p>Please tick to identify consent Initials _____</p>
<p>TERMINATION OF CARE I agree to give at least 14 days notice, or other period in accordance with my Educator's Independent Fee policy, in writing to my Educator to terminate any care arrangements that are in place. I also agree to give 7 days notice, or other period in accordance with my Educator's Independent Fee policy, to vary my care contract / booking with my Educator.</p>	<p>Initials _____</p>

Name:-

Signature:-

Date:-

Name of person completing form: _____

Date: _____

{2}

CHILD 1	CHILD 2
Surname: _____	Surname: _____
First Name/s: _____	First Name/s: _____
Any former names/other names child may be known by _____	Any former names/other names child may be known by _____
Nickname/s: _____	Nickname/s: _____
Gender F <input type="checkbox"/> M <input type="checkbox"/>	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Date of Birth: ____/____/____	Date of Birth: ____/____/____
Customer Reference No: _____ --- _____	Customer Reference No: _____ --- _____
Place of Birth: _____	Place of Birth: _____
Nationality: _____	Nationality: _____
Language(s) Spoken at home: _____	Language(s) Spoken at home: _____
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
Normally resides with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	Normally resides with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>
School Attending (if applicable): _____	School Attending (if applicable): _____

Contact Orders, Parenting Orders or Parenting Plans	Contact Orders, Parenting Orders or Parenting Plans
Are any Contact Orders, Parent Orders or Parenting Plans in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are any Contact Orders, Parent Orders or Parenting Plans in place? Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of Order/Plan Attached <input type="checkbox"/>	Copy of Order/plan Attached <input type="checkbox"/>
Access Arrangements: _____	Access Arrangements: _____
Details of Natural Parent (if not Parent 1 or Parent 2) Name: _____	Details of Natural Parent (if not Parent 1 or Parent 2) Name: _____
Address: _____	Address: _____
Contact No: _____	Contact No: _____
<i>If possible provide your Educator with some form of identification for any denied persons.</i>	<i>If possible provide your Educator with some form of identification for any denied persons.</i>
<i>Please Note: If a parent or guardian requests that access be denied to a natural parent, the Educator cannot do so unless a contact order has been made through the courts, and a copy has been received by both the Coordination Unit and the Educator.</i>	
Is correspondence, <i>such as scheme newsletters and visit reports regarding your child/ren</i> , from the coordination unit and your Educator to be sent to both parents, if not at same residence as the child/ren? YES <input type="checkbox"/> (both parents) NO <input type="checkbox"/> (just Parent/s and address as per this form)	

Medical and Health Details	Medical and Health Details
Child's Medicare No: _____ (11 digits)	Child's Medicare No: _____ (11 digits)
Name of Health Fund: _____	Name of Health Fund: _____
Doctor's Name: _____	Doctor's Name: _____
Phone: _____	Address: _____
Address: _____	Phone: _____
Dentist's Name: _____	Dentist's Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Name of person completing form: _____

Date: _____

CHILD 1 – Continued

CHILD 2 – Continued

Medical and Health Details – continued

Medical and Health Details – continued

Does this child have any specific health care needs and/or medical conditions such as:

Asthma Yes No

Allergies Yes No

Diagnosis or at risk of anaphylaxis Yes No

Diabetes Yes No

Other (please specify):

Are there current health plans in place for the above or other medical conditions?

Yes No

Please attach copies

A risk minimisation plan MAY be required prior to care commencing.

Does this child have any specific health care needs and/or medical conditions such as:

Asthma Yes No

Allergies Yes No

Diagnosis or at risk of anaphylaxis Yes No

Diabetes Yes No

Other (please specify):

Are there current health plans in place for the above or other medical conditions?

Yes No

Please attach copies

A risk minimisation plan MAY be required prior to care commencing.

Medication

Does your child take regular medication?

Yes No

Name of medication/s: _____

Reason for medication: _____

Things to look out for when on / not on medication, which may require emergency action or parent contact:

Further information attached: Yes No

Medication

Does your child take regular medication?

Yes No

Name of medication/s: _____

Reason for medication: _____

Things to look out for when on / not on medication, which may require emergency action or parent contact:

Further information attached: Yes No

Immunisation

Is your child fully immunised for their age?

Yes No

Immunisation

Is your child fully immunised for their age?

Yes No

No child can commence care until the Service is provided with a current Immunisation History Report or current Exemption (.Conscientious Objection form)

Are any other Agencies or Professionals involved with your child eg DOCs, Early Intervention, Speech Pathologist, etc?

Yes No

Please complete a Release/Exchange of Information Form – Attached (only complete form if answered YES here)

Are any other Agencies or Professionals involved with your child eg DOCs, Early Intervention, Speech Pathologist, etc?

Yes No

Please a complete Release/Exchange of Information Form, attached (only complete form if answered YES here)

Diverse Needs

Does your child have any diverse needs to be considered eg health, hearing, eyesight difficulties or developmental delays?

Do you require any special provisions for your child, or particular skills/expertise of the Educator? _____

Diverse Needs

Does your child have any diverse needs to be considered eg health, hearing, eyesight difficulties or developmental delays?

Do you require any special provisions for your child, or particular skills/expertise of the Educator? _____

Dietary Restrictions

Does your child have any intolerance's, food allergies or other dietary restrictions? _____

Dietary Restrictions

Does your child have any intolerance's, food allergies or other dietary restrictions? _____

CHILD 1 – Continued	CHILD 2– Continued
General Information	General Information
<p>Does your child have any fears / dislikes eg dogs, storms and loud noises?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Does your child have any fears / dislikes eg dogs, storms and loud noises?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Has your child been cared for before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide a small list of their interests:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Has your child been cared for before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide a small list of their interests:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Are there any words that have special meaning for your child/ren?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Are there any words that have special meaning for your child/ren?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Please provide information about your child's daily routine:</p> <p>Eg: Sleep time, comforter, special blanket at rest time. As these routines change, please inform your Educator.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Please provide information about your child's daily routine:</p> <p>Eg: Sleep time, comforter, special blanket at rest time. As these routines change, please inform your Educator.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Do you have any other information you would like to share with your Educator regarding your child/ren to assist with the transition to the Family Day Care Service?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Do you have any other information you would like to share with your Educator regarding your child/ren to assist with the transition to the Family Day Care Service?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Emergency and Authorised Contacts other than Parents/ Guardians – please provide four (4) if possible

The nominated contact person should be someone who, in the event that we cannot contact you or your partner, you would like us to contact ie a relative, close friend or trusted neighbour. Please also ensure that one of these contacts is located in your local community and able to get to your child/ren quickly if need be.

Contact 1

Name: _____
Relationship to child: _____
Address: _____
Home Phone: _____
Employer: _____
Employment address: _____
Work phone: _____
Mobile: _____

Is authorised to:

- Deliver/collect child/ren** Yes No
(and complete attendance records)
- Be notified in the case of an emergency** Yes No
- Consent to medical treatment** Yes No
- Consent to administration of medication** Yes No
- Give permission for outings/excursions** Yes No

I _____
acknowledge that I have been nominated as a person who is authorised by this family as indicated above.

Contacts Signature: _____

Sample of Contacts Initials: _____

Contact 2

Name: _____
Relationship to child: _____
Address: _____
Home Phone: _____
Employer: _____
Employment address: _____
Work phone: _____
Mobile: _____

Is authorised to:

- Deliver/collect child/ren** Yes No
(and complete attendance records)
- Be notified in the case of an emergency** Yes No
- Consent to medical treatment** Yes No
- Consent to administration of medication** Yes No
- Give permission for outings/excursions** Yes No

I _____
acknowledge that I have been nominated as a person who is authorised by this family as indicated above.

Contacts Signature: _____

Sample of Contacts Initials: _____

Contact 3

Name: _____
Relationship to child: _____
Address: _____
Home Phone: _____
Employer: _____
Employment address: _____
Work phone: _____
Mobile: _____

Is authorised to:

- Deliver/collect child/ren** Yes No
(and complete attendance records)
- Be notified in the case of an emergency** Yes No
- Consent to medical treatment** Yes No
- Consent to administration of medication** Yes No
- Give permission for outings/excursions** Yes No

I _____
acknowledge that I have been nominated as a person who is authorised by this family as indicated above.

Contacts Signature: _____

Sample of Contacts Initials: _____

Contact 4

Name: _____
Relationship to child: _____
Address: _____
Home Phone: _____
Employer: _____
Employment address: _____
Work phone: _____
Mobile: _____

Is authorised to:

- Deliver/collect child/ren** Yes No
(and complete attendance records)
- Be notified in the case of an emergency** Yes No
- Consent to medical treatment** Yes No
- Consent to administration of medication** Yes No
- Give permission for outings/excursions** Yes No

I _____
acknowledge that I have been nominated as a person who is authorised by this family as indicated above.

Contacts Signature: _____

Sample of Contacts Initials: _____

Name of person completing form: _____

Date: _____



Castlereagh Family Day Care

Service ID No. 1 – 3AW – 89

High Quality Childcare in

Coonabarabran, Baradine, Coolah, Coonamble and Gilgandra areas

PO Box 191,
Coonabarabran, NSW 2357
P: 02 6849 2222
F: 02 6842 1236 E: familydaycare@warrumbungle.nsw.gov.au

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Warrumbungle Shire Council
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BOOKING SHEET

Please fill in the details below for each child you have in care

These are the days and hours that you have booked your child into care with your chosen Educator/s.

Educator's Name: _____

Parent's Name: _____

Contact No: _____

Date booking is to commence: _____

Date booking is to end (if known): _____

.....
CHILD 1: _____

Days Mon Tue Wed Thurs Fri Sat Sun

Start time ___ ___ ___ ___ ___ ___ ___

End time ___ ___ ___ ___ ___ ___ ___

Booking type: Permanent / part time / casual / on call / before – after school

.....
CHILD 2: _____

 Mon Tue Wed Thurs Fri Sat Sun

Start time ___ ___ ___ ___ ___ ___ ___

End time ___ ___ ___ ___ ___ ___ ___

Booking type: Permanent / part time / casual / on call / before – after school

.....
CHILD 3: _____

 Mon Tue Wed Thurs Fri Sat Sun

Start time ___ ___ ___ ___ ___ ___ ___

End time ___ ___ ___ ___ ___ ___ ___

Booking type: Permanent / part time / casual / on call / before – after school

.....
Please notify the Coordination unit and your Educator in writing if any changes need to be made to the above booking times.

Parent's signature: _____

Date: _____

Educator's Signature: _____

Date: _____

Name of person completing form: _____

Date: _____



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PARENT CONTRACT 2015

PARENT'S FULL NAME: _____

1. I understand that this contract is between myself and the service, **Castlereagh Family Day Care and that my Educator/s act as an agent on the services behalf to collect all fees and provide quality care**
2. I understand that the first two weeks of my child/ren's placement is a trial period and that placement may be terminated by the Educator or myself.
3. I will discuss with the Educator any changes in the contracted hours with plenty of notice.
4. I agree to pay Educator the agreed **contracted** fee as stated in my fee schedule.
5. I agree to pay promptly all fees owing for childcare. If arrangements are not made for outstanding fees, my child/ren's place will be cancelled.
6. I will notify Family Day Care staff and the Educator of any changes of address and employment.
7. I agree to give two weeks notice to Family Day Care Staff and the Educator of my intention to take a vacation or terminate my childcare placement. Termination notice is to be in writing and "Termination of Care" forms are to be completed.
8. I agree to notify Family Day Care staff and the Educator immediately if my child will be absent from care due to illness and I also agree that I will keep my child/ren home in case of serious illness.
9. If my child contracts an infectious disease, I agree to exclude them from Family Day Care scheme for the period recommended by the Health Commission of NSW or on presentation of a Doctors Certificate.
10. I agree to provide the Educator with:-
 1. A spare set of clothing, extra underwear/nappies.
 2. Dummy, favourite toy
 3. Sunscreen and hat
 4. A set of bed linen for my child's use
11. I will provide adequate nutritious food and drink for the period of care unless otherwise arranged with the Educator to provide and be paid for.
12. I agree to discuss any problems I may be having with my child's placement with the Coordination Unit Staff.
13. I agree to discuss my childcare philosophies and my child's needs with the Educator.
14. I agree to the Educator administering Emergency First Aid practices appropriate to their training in the case of an emergency.
15. I agree to the Educator calling medical advice and / or assistance in the case of a medical, hospital, dental or ambulance emergency, as per relevant signed forms. Any cost incurred will be at my expense. (If in an Ambulance fund please provide details below.) Ambulance Cover Details – if applicable:
Name of Fund: _____
16. I understand that my child may be cared for by a Family Day Care Coordination Unit Staff member when the Educator requires time off. eg Doctors appointment. (parents will be notified prior)
17. I understand and agree that my child may, on occasion be cared for by another Educator of the scheme due to an emergency.
18. I understand that specific permission is to be given for any activity differing from the daily routine of the Educator.
19. I understand that the Educator will be continually observing my child and will do simple developmental observations in order to plan more appropriate experiences.

Parent / Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

I give permission for my child to be photographed when in care and for the photos to be used for National Quality Standards evidence & to promote my Educators & Castlereagh Family Day Care. **YES / NO**

Parent / Guardian Signature: _____

Name of person completing form: _____ Date: _____



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FEE SCHEDULE

DESCRIPTION	FEE
Core Fee per hour - 8am to 6pm	\$
Out of Core Fee per hour 6pm to 8am & Weekend Fee per hour	\$
Casual Rate	\$
Public Holiday—per hour	\$
OTHER CHARGES	
Food (if supplied)	\$
Transport	\$
Laundry - rinse	\$
Laundry - wash	\$
ADDITIONAL CHARGES	
Administration Levy, per usage hour (covers funding gaps, administration costs etc.)	\$1.00
Holding Fee	\$
Late Fees	\$
Holding fee for less than 24 hours notice if not intending to use a casual place	\$

- I agree to the above fees and charges and will pay my account on a _____ (eg weekly) basis on _____ (day of payment) in the form of _____ (eg cash, cheque or in whatever form is agreed upon with your Educator)
- I agree to give two weeks notice, in writing, of termination to my Family Day Educator and to the Coordination Unit.
- I agree provide appropriate healthy, nutritional food and drink for my child whilst they are in care, as per discussion with my Educator.
- I agree to keep my child at home when they are sick and to make arrangements to collect my child from care if they become sick whilst in care.
- I agree to abide by the Castlereagh Family Day Care sun safe policy, including the provision of a hat, appropriate clothing and sunscreen for my child, or as per discussed with my Educator.

Parent Name: _____ Signature: _____ Date: _____

Educator Name: _____ Signature: _____ Date: _____

Name of person completing form: _____ Date: _____



Parents Preferred Method of Communication Form

Parent/Guardian's Name: _____ Educator: _____

Children's Name/s: _____

My preferred method of communication is by:-

PHONE

Home: _____ best times to call on this number are: _____

Work: _____ best times to call on this number are: _____

Mobile: _____ best times to call on this number are: _____

Comments: _____

TEXT MESSAGE

Comments (e.g. only use this method for...): _____

EMAIL

Comments (e.g. I only check my email of an evening etc): _____

NOTE SENT HOME

Comments: _____

I understand that this is for general communication only and any important matters such as educator's leave, holidays etc will be in writing, at least 2 weeks in advance where possible.

Parent Signature: _____ Date: _____

Educator Signature: _____ Date: _____



Family Enrolment Questionnaire

Dear Family,

To better assist us in supporting your child/ren and your family in our service and in your chosen Family Day Care service/s and to begin the very important partnership between service and family, we ask that you fill in the following questionnaire for us and your chosen Educator/s.

1. What are your hopes and expectations for your child in this service, Family Day Care?

2. What do you think would help your child do well in Family Day Care?

3. What support could you use to make sure your child has a great experience in your chosen Family Day Care service?

4. What are your memories of early childhood care, services you attended, school etc. How would you like your child/ren's experiences to be the same / different?

5. What beliefs or values help guide you as a parent? How can we / your Educator support these beliefs and values?

6. What is the best way for you to get information about what's going on in the day to day life of your child in their Family Day Care environment?

Thank you for your time and insight into what you are looking for in your chosen childcare experience of Family Day Care.

Name of person completing form: _____

Date: _____

{11}



Castlereagh Family Day Care

Service ID No. 1 – 3AW – 89

High Quality Childcare in

Coonabarabran, Baradine, Coolah, Coonamble and Gilgandra areas



14 Robertson St,
PO Box 191, Coonabarabran, 2357
Phone 6849 2222, Fax 6842 1236
Email: coonakids.fdc@bigpond.com

Sponsored by
Warrumbungle Shire Council
ABN: 63 348 671 239

PERMISSION FOR RELEASE / EXCHANGE OF INFORMATION (Only to be completed where Agencies or Professionals (eg speech, OT, EI) are involved with a child enrolled in Castlereagh Family Day Care)

Agency or Professional

Name: _____ Role: _____ Organisation: _____ Address: _____ Phone: _____ Mobile: _____ Email: _____ Attendance: _____	Name: _____ Role: _____ Organisation: _____ Address: _____ Phone: _____ Mobile: _____ Email: _____ Attendance: _____
Name: _____ Role: _____ Organisation: _____ Address: _____ Phone: _____ Mobile: _____ Email: _____ Attendance: _____	Name: _____ Role: _____ Organisation: _____ Address: _____ Phone: _____ Mobile: _____ Email: _____ Attendance: _____

I / we, _____ agree to relevant information regarding
(Parent/guardian name/s),

_____, _____ / _____ / _____
(child name) (Date of birth)

being released and exchanged between staff of Castlereagh Family Day Care and my/our child's FDC Educator, and other agencies or professionals involved with my/our child, to support the placement of my/our child within Castlereagh Family Day Care.

Signed: _____ Date: _____
(parent / guardian signature)

Signed: _____ Date: _____

Name of person completing form: _____

Date: _____



CASTLEREAGH FAMILY DAY CARE

(Sponsored by Warrumbungle Shire Council)

PO Box 191,

14 Robertson St,

Coonabarabran NSW 2357



Privacy Statement

- Protection of privacy and the need for confidentiality is fundamental in providing a high quality childcare service. All records are kept secure, accessible only to authorised persons.
- The primary purpose Castlereagh Family Day Care collects information is to enable us to provide your child with an individual developmentally appropriate program. Personal and sensitive information is disclosed to child care professionals within the service for the specific purpose of administration and education of your child.
- We require certain information be collected in accordance with administration of Child Care Benefit, regulations and legislation that directly relate to the operation of a children's service.
- We will obtain parent/guardian permission before disclosing any personal and sensitive information not required to be disclosed by legislation.
- Parents/guardians have the right to access personal information collected about them or their child, and may view their child's records at any time, or make a written request for copies, however, there may be occasions when access is denied e.g. where access would have an unreasonable impact on privacy of others, may result in a breach of the service's duty of care to the child, or where information was provided in confidence.
- We recommend that you inform all those whose personal information has been disclosed to us e.g. doctors, emergency contacts, etc. They may access their details if desired.
- All reasonable precautions are taken to ensure personal information collected is accurate, complete and up to date. Please ensure that you keep us informed of any changes to information supplied.
- Any complaints in relation to use or disclosure of information collected under this privacy statement should be directed to the Service Senior Coordinator or Scheme Licensee.
- The Privacy Commissioner may investigate complaints in instances where deemed necessary.