

Kindaburra Early Learning Centre and Preschool
Agreements Form



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
- Kindaburra will not administer Panadol to my child as it would mask illness symptoms and may put my child at risk, **unless my child's temperature reaches 38.5 degrees.**
- 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: _____

Anaphylaxis, Allergy and Medical Condition Management

I understand that it is my responsibility to maintain the most up-to-date information regarding my child's allergy/anaphylaxis/medical condition. I will inform the team at Kindaburra immediately of any changes to my child's action plan or medication required. I understand that this is detrimental to the care of my child whilst at Kindaburra.

Parent/Guardian Signature: _____

Date: _____

Immunisations

I understand that a copy of a confirmed record of my child's immunisation statement 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 _____ Date of Birth _____

(Please note: any restrictions relating to your child (eg: **do not administer Anaesthetic / Panadol / Blood Transfusion**):

Parent/Guardian Signature: _____

Date: _____

Sunblock

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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 (please circle) If yes please indicate: _____

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: _____

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: _____

Child Protection

I am aware that Child Care Services have a responsibility to involve DET 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 Education'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 DET 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 in line with the 'Munch and Move' program to encourage healthy eating, all outside food, including cakes for birthday celebrations are banned. I understand that Kindaburra provides a variety of birthday packages that cater all food and are tailored to suit the dietary requirements of each child. I understand these birthday parties come at an additional cost and they will need to be pre booked through the centre.

Parent/Guardian Signature: _____ Date: _____

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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: _____

Non refundable fees

I understand the Application fee \$20 and the Enrolment fee \$250 is non refundable

Parent/Guardian Signature: _____ Date: _____

Cancellation of Enrolment

Once enrolment has taken place, if for any reason you alter from the original start date, or cancel prior to starting, a \$300 cancellation fee plus GST applies.

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: _____

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: _____

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 and be off the premises by 6.30 pm. I understand that a late arrival will attract a late fee, which is \$30 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

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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: _____

CRN numbers

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

Parent/Guardian Signature: _____ Date: _____

CCB/CCR rebate

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: _____

Fees

I understand it is my responsibility to pay the first two week's fees 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: _____

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 (no cancellations even in the event of illness.)

Parent/Guardian Signature: _____ Date: _____

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: _____ Date: _____

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: _____ Date: _____

Welcome to Kindaburra Information

I have received, read and understood the welcome to Kindaburra handbook. I agree to abide by all current and future updates to Kindaburra terms and conditions including policies and procedures.

Parent/Guardian Signature: _____ Date: _____