

Educator's Name: _____

Start date: ___/___/___

Family Details (Mother, Father/Guardian and Children)		
Parents (Please tick which parent is claiming Child Benefit)	<input type="checkbox"/> (Mother) Parent/Guardian	<input type="checkbox"/> (Father) Parent/Guardian
Name		
Address	Street name:	Street name:
	Suburb:	Suburb:
	State: Postcode:	State: Postcode:
Home phone number		
Mobile		
Email		
DOB		
CRN	___/___/___/___	___/___/___/___
Country of Birth		
Primary Language		
Employment status		
Employer		
Employer's address		
Employer's phone number		
Religion		
Cultural background		
Reason for care		
Children Information	Child 1	Child 2
Surname		
Given Name		
Gender	Male/Female	Male/Female
DOB		
CRN	___/___/___/___	___/___/___/___
Country of Birth		
Child's address	<i>Same as parents please tick</i>	<i>Same as parents please tick</i>
	Street name:	Street name:
	Suburb:	Suburb:
	State: Postcode:	State: Postcode:
Primary language		
Religion		
Cultural background		
Dietary requirements		
Additional needs		

Immunisation	Current Y/N Coordinator Initial:	Current Y/N Coordinator Initial:
Allergies/asthma, medical management plan	YES/ NO (Attach details to this form if YES)	YES/ NO (Attach details to this form if YES)
Other medical condition	YES/NO if YES, please attach	YES/NO if YES, please attach
Regular Medication	YES/NO if yes, please attach	YES/NO if yes, please attach
Custody/Court Orders	YES/NO if yes, please attach	YES/NO if yes, please attach
Medicare Card Number		
Family Doctor/Hospital	Name:	Name:
	Street Name:	Street Name:
	Suburb: Postcode:	Suburb: Postcode:
	Phone:	Phone:
School/Other Child Care Service		
Contact person while in school	Yes/No	Yes/No
Authorisation to apply sunscreen, Authorisation to apply insect repellent	Child1 YES/NO	Child2 YES/NO
Permission to give 1 dose of paracetamol if necessary	YES/NO	YES/NO
Give permission for educator to transport child/ren for regular outings <i>(If YES, please complete regular outings form)</i>	YES/NO	YES/NO
I give permission to Pebbles FDC staff to photograph my child/ren for the purpose of programming/assessments, study	YES/NO	YES/NO
Children Information	Child 3	Child 4
First Name		
Surname		
Gender	Male/Female	Male/Female
DOB		
CRN	___/___/___	___/___/___
Country of Birth		
Child's address	<i>Same as parents please tick</i>	<i>Same as parents please tick</i>
Street Name		
Suburb/ state/ p-code		
Primary language		
Religion		
Cultural background		
Dietary requirements		
Additional needs		
Immunisation	Current Y/N Coordinator Initial:	Current Y/N Coordinator Initial:
Allergies/asthma, medical management plan	YES/ NO (Attach details to this form if YES)	YES/ NO (Attach details to this form if YES)
Other medical condition	YES/NO if yes, please attach	YES/NO if yes, please attach
Regular Medication	YES/NO if yes, please attach	YES/NO if yes, please attach
Custody/Court Orders	YES/NO if yes, please attach	YES/NO if yes, please attach

Medicare Card Number		
Family Doctor/Hospital	<i>Same as parents please tick</i>	<i>Same as parents please tick</i>
	Street name:	Street name:
	Suburb:	Suburb:
	State: Postcode:	State: Postcode:
School/Other Child Care Service		
Contact person while in school	Yes/No	Yes/No
Permission to give 1 dose of paracetamol if necessary	Child 3 YES/NO	Child 4 YES/NO
Authorisation to apply sunscreen, Authorisation to apply insect repellent	YES/NO	YES/NO
Give permission for educator to transport child/ren for regular outings (<i>If YES, please complete regular outings form</i>)	YES/NO	YES/NO
I give permission to Pebbles staff to photograph my child/ren for the purpose of programming/assessments, study	YES/NO	YES/NO
Authorised Nominee		
Nominee 1		
Name:	Relationship:	
Address:	Post code:	
Phone:	Alternative Number:	
Nominee 2		
Name:	Relationship:	
Address:	Post code:	
Phone:	Alternative Number:	
<i>(This person is authorised to give consent for medical treatment or administration of medication and to give permission to an educator to remove the child from the premises)</i>		
Emergency Contact Authorised to Consent/ Administer Medical Treatment (Other than parents)		
Name:	Relationship:	
Address:		
Phone:	Alternative Number:	
Name:	Relationship:	
Address:		
Phone:	Alternative Number:	
<i>Please notify scheme in writing regarding any changes to the above arrangements. Children will only be released to persons listed on the enrolment form. I hereby give permission for the Educator or staff member to transfer my child/ren by Ambulance to hospital in the case of an emergency and/or to provide appropriate medical attention.</i>		
Parent/Guardian Signature:		

PARENTAL BOOKING AGREEMENT

TIME SHEETS & ATTENDANCE RECORDS	<p>Parent/Guardian must record a time and initial on the timesheet each time the child arrives and departs from care.</p> <p>Parents/Guardians are also required to sign the time sheet at the end of the fortnight, to confirm the hours.</p> <p>Timesheets are submitted to the coordination unit every fortnight for processing of attendance data and CCB entitlements.</p>
OUT OF POCKET	<p>Out of Pocket fees are the amount payables by the parent guardian after any CCB and CCR fee reduction has been approved by Centrelink.</p> <p>Fees are payable to the PEBBLES Family Day Care or its Agents, which usually occurs on a fortnightly basis at the end of the care.</p> <p>Late fees are stipulated on the Fee Schedule.</p>
STATEMENTS	<p>Out of Pocket fees are the amount payables by the parent guardian after any CCB and CCR fee reduction has been approved by Centrelink.</p> <p>Fees are payable to the PEBBLES Family Day Care or its Agents, which usually occurs on a fortnightly basis at the end of the care.</p> <p>Late fees are stipulated on the Fee Schedule.</p>
ALLOWABLE ABSENCES	<p>Families may use up to 42 days of allowable absences per child per financial year. Standard fees are still required to be paid for these days. The service will require and keep documentation provided for the additional day/s of absence; the absence has to be one taken for an additional absence reason.</p>
HOLIDAYS/HOLDING FEES	<p>Families must pay 100% of their fee when they take holidays. The Service may charge a Holding Fee during school holidays if the child does not attend care but the family would like to hold their place CCB and CCR may not be used for holding fees.</p>
ABSENCES	<p>Absences are still charged for on days where the child would normally hold a booking as specified on the family Booking Form. CCB may still be claimed for absences due to illness (if a medical certificate is supplied), attendance at preschool/kindergarten or on public holidays.</p>
CASUAL BOOKINGS RECORDING CASUAL BOOKING	<p>Please note: if a casual booking is cancelled within 24 hours of the requested time of care, then the parent must still pay for that booking.</p> <p>Casual booking is recorded as per Time Sheets & Attendance Recording guide</p>
PUBLIC HOLIDAYS	<p>Families pay the service for public holidays if the public holiday falls on one of their booked days. If care is provided on a Public Holiday, the public holiday fee (as specified in their fee schedule) will be charged.</p> <p>If the child does not attend care on the Public Holiday then the normal rate is charged.</p> <p>If the Educator is unavailable for care on the Public Holiday then the family will still be charged, however at the normal rate. Please note that all fees are set and charged by the service not the educators. Educators act as Agents for the service in the collection of fees.</p>

NOTICE OF TERMINATION	Parents are required to give 2 weeks' notice (in writing) to the service to inform them that they no longer require the position. Payments must be finalised prior to ceasing care. If an Educator is resigning from the scheme and is therefore no longer able to provide care, the Educator will give families and the co-ordination unit 4 weeks written notice.
KINDERGARTEN	The full days booked fee is payable to the service whilst the child is in kindergarten, if the Educator is responsible for the child whilst they are at kindergarten (and for drop off/pick up).
CHILD CARE BENEFIT (CCB)	CCB may be available to families using Family Day Care if they meet the requirements of the Family Assistance Office. Please contact the FAO on 136 150 for further information.
SICK CHILDREN	If a child is unwell, they may not attend care (see the Illness Policy). Educators are entitled and may ask for a doctor's clearance before accepting the child back into their care after a period of illness to ensure the wellbeing and health of all other children in care.
SICK EDUCATORS	If an Educator is unwell, they will contact the coordination unit and together we will attempt to find an alternative educator to the best of their ability, however this is not guaranteed. If an alternative cannot be found, parents will be notified.
FAILURE TO PAY	If fees are not paid as agreed the service may charge penalties and deny care. The service will not provide an alternative educator to a family if they have outstanding fees with a previous educator.

*Please note: Parents must give the service 2 weeks' notice and use this form when decreasing their child's hours.
Please also use this form for increased hours however in this instance 2 weeks' notice is not required.
(Please note that increased hours are only granted where the service has educators available)*

TYPE OF BOOKING: (Please tick one)

Permanent Booking

Casual Booking

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 Declaration

I declare that to the best of my knowledge my answers are true and to the facts. I give permission for Pebbles Family Day Care Ltd to pass on any information regarding my eligibility for Child Care Benefit to my chosen Educator. I acknowledge that changes (due to unforeseen circumstances) may occur. I hereby agree that I have read and discussed the complete agreement with my FDC educator and understand that I must update my information when any changes arise. My Educator will inform me of any material changes as they occur. I agree that by signing this form I fully understand my responsibilities in relation to this agreement.

In case of any emergency, Parent/Guardian and Pebbles Family Day Care office will be notified. I declare that this form has been checked and all relevant sections have been completed.

I hereby give consent to Pebbles Family Day Care to reuse my Child/ren Enrolment Forms in any change of circumstances such as change of carer.

Parent signature (Mother/Guardian): _____ **Initial:** _____

Parent signature (Father/Guardian): _____ **Initial:** _____

Educator/ Carer Name: _____ **Signature:** _____

Date: _____

Pebbles FDC Office:

Coordinator's Name: _____ **Signature:** _____

Date: _____

Questions relating to changes to Family Assistance Law on 'Child Swapping'

Parents/Guardians and their partners are not entitled to receive child care payments for their own child's session of family day care if, on the same day, the Parent/Guardian was providing family day care services to other children whom are not their own (working as a family day care Educator).

Are you or your partner currently working as a family day care Educator?

- YES
- NO

If **YES**, what exempt circumstances you are proving supporting documentation for:-

PLEASE TICK Applicable reason below

- The child has been diagnosed with a particular disability or medical condition
- The child lives in an area designated as 'remote Australia' or very remote Australia
- The child requires FDC because myself (or my partner) works as a family day care educator and on the same day is required to work for a minimum of two hours for non-other than an approved family day care service.
- The child requires FDC because myself (or my partner) works as a family day care educator and on the same day is required to undertake education or training towards a recognised qualification (at Certificate III or above)

**If you answered YES to any of the four reasons above, please provide supporting documentation as evidence to support your claim.*

What is the name of the family day care your own child/ren is attending?

Contact details of the family day care service:

Full Name of your child/ren attending family day Care:

Days your own child/ren attends family day care.....

Your Partner's (working as a family day care educator)

Full name

CRN ____/____/____/____

I declare that the information provided above is true and correct to the best of my ability and I give permission to Pebbles family day care to pass on this information to the department of education or another family day care service if required for verification purposes. If any of my circumstances changes, I will notify Pebbles family day care urgently and no later than seven days.

Name:

Signature:

Name:

Signature:

Pebbles FDC

Service Manager/Coordinator's Name:

Signature:

Date:/...../.....