



Sunshine Family Daycare

Parent Agreement

Date: _____ Name of Scheme's Representative _____

The scheme must ensure that the parent/guardian and educator fully comply with this agreement

Part One: Parent/Guardian Section *(this part should be completed by the Parent/Guardian)*

Parent/Guardian Name: _____

Address: _____

Phone: H _____ W _____ M _____

Child's/Children's Name/s _____

1. I _____ (Name of Parent) have inspected the Family Day Care Service provided by _____ (Name of Educator) at _____ (Address of Educator Residence)

And agree to place the above named child/children in the care of the Educator as set out in the Enrolment Form, or as varied from time to time in accordance with Attendance Records signed by the Parent/Guardian.

2. I agree to comply with all Government requirements in regard to the service provided by the educator as set out in the Policies and Procedures of the Family Day Care.

3. I agree to pay the Educator all appropriate fees (and penalty fees if applicable).

4. I am aware of the following domestic pets kept at the home: _____

(Please circle one)

* and agree to my child being allowed limited access to such pets in accordance with the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations and Scheme policies and Procedures

* request that my child be denied access to such pets at all times.

5. I understand that in the event of accident/injury occurring to my child my Educator will:

- administer appropriate first aid to my child
- make every effort to contact parent or the notified emergency contact persons
- seek medical attention for my child if required from his/her doctor/dentist or the nearest hospital
- arrange for transportation by ambulance

I agree to meet any expenses incurred and request that the following action also be taken:

a. _____

b. _____

c. _____

6. I understand that the safety, health and wellbeing of child will be the highest priority and provided for my child whilst in care and that my Educator holds public liability insurance. I further understand that this insurance is not the responsibility of the Scheme or the Director of the Family day care should an accident or injury occurs.

7. I understand that my Educator may terminate this Agreement following consultation and liaison with the Scheme Co-ordinator and in the case of permanently booked care, upon giving parent/guardian a minimum fourteen (14) days notice in writing and refunding any payments in credit.

Part Two: Educator Section *(this part should be completed by the Educator)*

Educator's Name: _____ PhoneNo. _____

Address: _____

Parent Name: _____

Child/Children's Names: _____

1. I, _____ (Name of Educator) agree to provide education and caresrvice for the above child/children of _____ (Name of Parent) on the days and for the hours set out in the Child Enrolment Form or as varied from time to time in accordance with Attendance Records signed by the parent.
2. I agree to abide by the policies and procedures of the Family Day Care, the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations, Policies of Commonwealth Department of Employment, Education & Workplace Relations (DEEWR) and The Family Assistance Office (FAO) in relation to the care provided at all times.
3. I agree to accept only the fees properly payable for the education and care provided or as set out in the fee schedule provided by myself.
4. I agree to consult and liaise with the Co-ordinator of the Scheme and the parent prior to terminating this Agreement or reducing my availability to provide education and care and to provide a minimum fourteen (14) days notice in writing of my intention to terminate or reduce availability.
5. I agree to provide fourteen (14) days prior notice to the parent of my intention to take a leave of absence from the provision of care (or in the case of emergency leave with as much notice as possible) and to assist with arrangement for alternative care of the child/children during my absence.
6. I agree to use my best endeavours to deny access to the child/children to any person other than those nominated on the Enrolment Form unless the child is under my constant supervision or prior consent of the parent has been obtained.
7. I agree to restrict outings and excursions available to the child to those agreed to in writing by the parent prior to such outings or excursions taking place.
8. I agree to keep the parent informed about the child/children's education progress and daily activities whilst in care and to be available to discuss issues relating to care at a mutually agreed time.
9. I agree to respect the privacy of the parent and the child/children by ensuring that any information regarding the family identity and circumstances and/or the behaviour and progress of the child/children is kept strictly confidential at all times. I further agree to liaise only with the Parent, Scheme staff and person authorised by the National Regulations in regard to such information.
10. I agree to administer medication as requested by the parent in accordance with the parent's written authority, the National Regulations and Scheme Policies only.

Parent/Guardian Signature _____ Date: _____

Educator Signature: _____ Date: _____

Signature of Scheme's Representative _____ date: _____