**HOLISTIC APPROACH FAMILY DAY CARE SCHEME.**

**PARENT HANDBOOK.**

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| ***‘A NATIONAL SCHEME THAT WORKS FOR ITS EDUCATORS’***  **Holistic Approach Family Day Care Scheme**  **Head Office: 4/120 Wyong Road,**  **Killarney Vale, NSW, 2261**  **Phone: (02) 4332 3719**  **Operations Manager: Michelle Florimo**  **Phone: 0418 432 196**  **Email: opmanager @hagroup.com.au** |

**WELCOME:**

Welcome to Holistic Approach Family Day Care Scheme.The role of Holistic Approach FDC Scheme is not limited to but includes licensing requirements are met, processing of CCB and CCR payments, suitability of Educators and Education and Care environments.

The role of Holistic Approach Family Day Care Scheme is to offer support and to ensure our educators, children and families are mentored to provide an excellent Education and Care service for all educators, children and families.

We are committed to providing high quality customer service and welcome all feedback questions and suggestions for continuing improvement.

**CONTACT US:**

You can contact Holistic Approach Family Day Care Scheme in the following ways:

**HOLISTIC APPROACH FAMILY DAY CARE SCHEME (HEAD OFFICE)**

**Suite 4 / 120 Wyong Road**

**Killarney Vale, NSW, 2261**

**Head Office 02 4332 3719**

[**www.holisticapproachfdc.com**](http://www.holisticapproachfdc.com)

**OUR TEAM CONTACTS**

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| Operations Manager | Michelle Florimo | 0418 432 196 | [opmanager@haroup.com](mailto:opmanager@haroup.com) |
| Administration |  | 02 4332 3719 | [nsw.hafdc@outlook.com](mailto:nsw.hafdc@outlook.com)  [qld.hafdc@outlook.com](mailto:qld.hafdc@outlook.com)  [vic.hafdc@Outlook.com](mailto:vic.hafdc@Outlook.com)  [tas.hafdc@outlook.com](mailto:tas.hafdc@outlook.com) |
| CEO | Alina Dan | 0405 112 797 | [alinadanconsultancy@live.com](mailto:alinadanconsultancy@live.com) |
| NSW  State Manager | Vicki Carmichael | 0428 575 943 | [vicki.hafdc@outlook.com](mailto:vicki.hafdc@outlook.com) |
| QLD  State Manager | Deb Tuckey | 0437 728 861 | [qldconsultant2.hafdc@outlook.com](mailto:qldconsultant2.hafdc@outlook.com) |

For other local contacts please contact our Head Office and they would be more than happy to give you our local consultants contact details.

**HOLISTIC APPROACH FAMILY DAY CARE PHILOSOPHY.**

Holistic Approach FDC believes that the most important parts of any family day care educator setting are ‘children’s and families voices’, educator’ philosophy and the learning environment!

Supporting a Strong sense of identity is our educators’ primary role; to acknowledge and empower children and their families in a nurturing and educational home setting. We believe both children and educators are capable, competent and active learners, and important contributors to their community. Through secure, respectful and reciprocal relationships, children develop a strong sense of *belonging* which is central to *being* and *becoming*, allowing them to be full and active members of society (Department of Education, Employment and Workplace Relations, 2009).

We believe in the importance of looking at the child from a holistic and inclusive perspective. Holistic Approach FDC believes only in co-programming (co-curriculum) which holistically involves children, families and the community in both, the planning and reflection, processes. It is not the volume of our documentation but its variety, holistic approach, meaningful displays and most importantly it’s continuous evolvement that matters the most.

Connection to the land is a critical factor for each individual educator and children cared within their homes as it is different and unique depending on the location throughout Australia! Children have the right and need to feel connected and secure within their family day care environments! It is our responsibility to support children by acknowledging our past, be in the moment and set achievable goals for the future!

Becoming confident involved learners**:** We believe in the holistic child and the importance of scaffolding as educators. We believe learning environments should be reflective of children’s interest, welcoming spaces that support learning and at the same time are flexible (DEEWR, 2009). The indoor and outdoor environments are integrated and the physical space invites children to explore and make choices independently or with others.

We believe that the role of the management team is to empower, respect, guide and practically support educators in maintaining, evolving or changing their practices. It is important for all our educators to have a clear understanding and expectation of The Holistic Approach FDC management team to create simple systems, provide immediate support, adopt innovative approaches and celebrate achievements (via critical reflection).

Holistic Approach FDC strongly believes in the power of magical moments family day care educators create via simple ‘being in the moment’ approach as well as learning journeys and extensive project based learning.

Holistic Approach FDC believes it is important to deliver interesting, motivating and flexible training opportunities. (Multimedia to be actively used in training deliveries by using 1on1, group, Skype and webinar, teleconferences, etc.)

**WHAT IS FAMILY DAY CARE?**

Family Day Care is a network of educators providing Education and Care in their own homes (residence) or venue for children aged 6 weeks to 12 years of age. With the assistance of Holistic Approach Family Day Care educators will be supported in setting up their own business and individual plan and registering with the Family Day Care Scheme.

Holistic Approach Family Day Care Scheme is licensed under the Education and Care Services National Regulations (2011). We are required to comply with the National Quality Framework.

Funding is also available to families though Family Assistance Office in the terms of Child Care Benefit and Child Care Rebate. For further information follow this link <http://www.humanservices.gov.au/customer/services/centrelink/child-care-benefit>

Family Day Care is a friendly, inviting environment where we aim for you and your child can feel comfortable in an Educational and Care setting.

Communication with families is essential to Holistic Approach Family Day Care. We encourage all families to maintain an open communication with your child’s educator and Holistic Family Day Care Scheme. All families have access to the Holistic Approach Family Day Care Consultants and phone numbers and contact details are within this information handbook.

**WHAT TYPE OF EDUCATION AND CARE CAN WE PROVIDE?**

|  |  |
| --- | --- |
| **Permanent Booking:** | For the children to use the same hours & days each week. |
| **Minimum Bookings:** | Some educators may ask for a minimum booking each day. |
| **Casual / Occasional Care:** | On occasions casual bookings may arise and families can access these bookings with no permanent commitment. |
| **Relief Care:** | Holistic Approach FDC can arrange for an approved relief educator to offer alternative care for your child/ren in special circumstances. |
| **Weekend/ Evening**  **/ Overnight Care:** | Some educators may offer this service. Please talk to your educator and Holistic Approach FDC for more information. |
| **Before / After School /**  **Vacation Care:** | For children who are in care before school & after school hrs.  Is for school age children who use care during school holidays and pupil free days.  Children can only be classed as school age if their status has been changed with Family Assistance Office from “Non School Age” to “School Age” |
| **24 hour care:** | Can be available with educators. Please contact the office for further details as this requires approval by the scheme |

**OUR HOLISTIC APPROACH FDC EDUCATORS:**

Holistic Approach Family Day Care believe in having Educators that are motivated, inspiring and have skills and knowledge in Early Education and Care to support children’s development. All our educators have been carefully selected to provide a Holistic Approach to Education and Care for your child. Children’s overall holistic development will be carefully planned, documented.

Educators are mentored by Holistic Approach Family Day Care National Field Consultants who will encourage and support your child’s Educator in providing a safe and secure environment.

**FAMILY SUPPORT**

Our Holistic Approach National Field Consultants are also available to support families and children.

If at any time you have a concern or wish to talk to us about your child, your child’s educator or any other information you require please feel free to contact our experienced Consultants.

Newsletters are sent to families on a regular basis from Holistic Approach Family Day Care. In these newsletters you will find plenty of helpful tips, articles, events and information for families.

**FEEDBACK AND COMPLAINTS:**

All complaints are handled in a confidential manner and are in accordance with our scheme policy (Complaints handling Policy / Procedures). Feedback is encouraged and welcomed and can be done through the office by contacting our Scheme Manager or Consultants. Please see contact details in this booklet.

**FREQUENTLY ASKED QUESTIONS:**

**WHAT IS PROVIDED? / WHAT DO I NEED TO PROVIDE?**

Holistic Approach Family Day Care Scheme will provide you with an individual fee schedule that is based on their fees and charges. Each individual educator will provide varying things for your child. Please see your child’s educator for what they provide and what families need to provide.

**WHAT HAPPENS IF I GO ON HOLIDAYS OR MY CHILD IS SICK?**

If your child is absent due to them being sick or your family is going on holidays you will still be required to pay fees as per your normal rate. Please ensure that you contact your child’s educator as soon as possible to ensure they are notified of the absence. Attendance records will need to be signed for absences as well.

If your educator is unavailable to care for your child and a replacement / relief educator is not available fees will not be charged for that day. Parents / families have the right not to utilize a relief educator and there will be no charge for this care.

Alternate educator and relief care can be made available.

**WHAT HAPPENS ON A PUBLIC HOLIDAY?**

Families are encouraged to check Holistic Approach FDC Scheme fee schedule in relation to fees payable on public holidays. Some services may operate on a public holiday but others may not.

**WHICH EDUCATOR SUITS MY CHILD / FAMILIES NEEDS BEST AND HOW DO I ENROL MY CHILD?**

When you contact Holistic Approach FDC to enquire for a place for your child we will aim to provide you with a choice of several educators. Families will have the opportunity to meet several educators in their learning environment to determine which educator suits your child’s and family’s needs. When care has been confirmed with an educator you will be required to complete the enrolment forms & return with all the relevant documents to administration as well as to pay your enrolment. Part of the enrolment process is for you to contact the Family Assistance Office re eligibility for any child care benefit (CCB) or child care rebate (CCR).

**WHAT IF MY CHILD IS SCHOOL AGE? DO YOU OFFER BEFORE AND AFTER SCHOOL CARE?**

Many of our educators can offer before and after School Care and Vacation Care. Please check with your child’s educator if they can provide this service for you. If this is not the case please contact our office and we will assist you to find an educator who can help you.

**HOW WILL MY CHILD’S DEVELOPMENT BE SUPPORTED?**

All our Family Day Care educators are either actively working towards or have obtained their Certificate 111. Each educator in our scheme is mentored and supported by our experienced Consultants who are also there to support the children in each educator’s residence.

Each educator will document learning and development of the children in their Education and Care. Please ensure that you talk to your child’s educator who will be happy to show your child’s individual developmental records and documentation.

Holistic Approach Family Day Care Educators documents children’s develop and links this learning and development to **“Being, Belonging and Becoming: The Early Years Learning Framework Australia”.**

Each child’s learning and development supports the following learning outcomes for children.

[**EYLF Learning Outcomes**](http://www.earlychildhoodaustralia.org.au/resource_themes/eylf_early_years_learning_framework.html#EYLF_Learning_Outcomes)

* [**EYLF Outcome 1: Children have a strong sense of identity**](http://www.earlychildhoodaustralia.org.au/resource_themes/eylf_early_years_learning_framework.html#EYLF_Outcome_1_Children_have_a_strong_sense_of_identity)
* [**EYLF Outcome 2: Children are connected with and contribute to their world**](http://www.earlychildhoodaustralia.org.au/resource_themes/eylf_early_years_learning_framework.html#EYLF_Outcome_2_Children_are_connected_with_and_contribute_to_their_world)
* [**EYLF Outcome 3: Children have a strong sense of wellbeing**](http://www.earlychildhoodaustralia.org.au/resource_themes/eylf_early_years_learning_framework.html#EYLF_Outcome_3_Children_have_a_strong_sense_of_wellbeing)
* [**EYLF Outcome 4: Children are confident and involved learners**](http://www.earlychildhoodaustralia.org.au/resource_themes/eylf_early_years_learning_framework.html#EYLF_Outcome_4_Children_are_confident_and_involved_learners)
* [**EYLF Outcome 5: Children are effective communicators**](http://www.earlychildhoodaustralia.org.au/resource_themes/eylf_early_years_learning_framework.html#EYLF_Outcome_5_Children_are_effective_communicators)

**HOW MUCH DOES FAMILY DAY CARE COST AND HOW DO I PAY FEES?**

Child Care Benefit (CCB) is money paid by the Australian Government to help families with the cost of child care. Families need to contact Department of Social Services on 136150 to claim CCB, prior to the commencement of care. Families will be given an assessment notice to their Educator if they would like Holistic Approach FDC Scheme to estimate the child’s CCB portion. Families can either claim their CCB by paying the educator reduced weekly fees or they can lodge a lump sum claim at the end of the financial year.

Holistic Approach FDC will claim each families CCB% and CCR each week in arrears.

To qualify for the CCR, families must qualify for CCB even if they are only entitled to zero rate because of their income. The cap on the CCR payment amount that is paid per child each year is at $7500.

Holistic Approach Family Day Care has the following fee schedule for parents.

|  |  |
| --- | --- |
| **Parent Levy:** | **$1.20 per hour per child. (on top of the Scheme fee schedule)** |
| **Sibling Cap:** | **Where there are siblings enrolled Holistic Approach FDC and both children attend 40 hours or more the second child will receive half price on the parent levy for the second child.** |

These fees are in addition to your child care fee.

Families will be given a fee schedule during the orientation process.

Please refer to “Fees and Charges Policy” as to when your fees will be due. Receipts for payment of fees will be issued by the educator on behalf of Holistic Approach FDC.

We ask that families ensure that they pay fees and charges as per Holistic Approach FDC scheme policy and procedures and Holistic Approach Family Day Care Scheme fee schedule.

Fees are collected by Holistic Approach FDC educators on behalf of Holistic Approach Family Day Care Scheme. If you are having difficulty paying your child care fees please ensure that you discuss this with your educator as soon as possible and also contact Holistic Approach Family Day Care to discuss your individual circumstances and for options that may be available to you.

**ATTENDANCE RECORD TIME SHEETS:**

You will be required tosign and initial name onthe attendance record sheet at the Educator’s home each day that your child attends care. You must write the actual time your child arrives in care and the actual timeyour child is collected from care each day. It is against the law for educators to submit timesheets that haven’t been filled in correctly.

Educators are responsible to record deliver and pick up times from school or preschool as applicable.

**TERMINATION OF CARE**

All families must give 14 days notice to your Educator in writing and Holistic Approach Family Day Care if you are going to withdraw your child from care. If notice is not given in writing you will have to pay two week’s full fees in lieu of notice. If absent on the last day of care your fees are not covered by CCB, full fees will be charged.

All outstanding fees must be paid before we can refer families to another Educator.

**SMOKE FREE POLICY:**

You are required to abide by our Smoke Free Policy when in a registered Family Day Care premises and at scheme or Educator/s organised activities and outings.

**CHILD PROTECTION STATEMENT:**

Holistic Approach FDC educators have a duty of care to protect children & young persons from risk of harm. The service has policies and procedures in place to ensure legislation is followed and children are protected. The Children and Young Persons Care & Protection Act 2000 requires that all Educators and National Field Consultants have a Duty of Care to report any child protection issues.

**PRIVACY AND CONFIDENTIALITY**

Educators and Holistic Approach Family Day Care are required to keep records of all the children in Education and Care. We treat all information in a confidential manner. All these records are filed at Holistic Approach Family Day Care Head Office or appropriate premise.

Records will include information on the child’s development, progress, attendance and other matters relating to the day to day Education and Care of each child and their families.

Regulatory Authority can also access records as required and requested.

You are encouraged in the first instance to discuss any concerns/queries you may have concerning your child’s care directly with your educator, area consultant or scheme manager.

Your input is highly regarded so it is important that all of your needs are met, if we aren’t aware of the issue then we are unable to affectively offer you a solution.

**GRIEVANCE PROCEDURE**

In the event that you wish to make a formal complaint regarding your child’s educator please contact the following contacts depending on the state that you are in:

All educators have a local consultant and educators can provide you with their contact details or you can contact Head Office on (02) 43 323719 for their number.

For NSW please contact our State Manager Vicki Carmichael ( [vicki.hafdc@outlook.com](mailto:vicki.hafdc@outlook.com) ).

For QLD please contact our State Manager Deb Tuckey ( [QLDmanager.hafdc@outlook.com](mailto:QLDmanager.hafdc@outlook.com) ).

For all other enquiries / contacts for other states please contact our Operations Manager Michelle Florimo on [opmanager@hagroup.com.au](mailto:opmanager@hagroup.com.au). All replies to your emails will be returned at our earliest convenience. Please respect the need for professionalism & confidentiality by addressing such concerns in the appropriate way to avoid any third party interpretation or misunderstanding.

***WE WELCOME YOUR CHILD AND YOUR FAMILY TO***

***HOLISTIC APPROACH FAMILY DAY CARE.***

***PLEASE FEEL FREE TO CONTACT US IF YOU HAVE ANY FURTHER QUESTIONS.***

***THE HOLISTIC APPROACH FAMILY DAY CARE TEAM.***





CHILD ENROLMENT FORM ADDITIONAL INFORMATION

**ENROLMENT FORMS NEED TO BE RETURNED TO HEAD OFFICE ONE WEEK PRIOR TO THE CHILD STARTING CARE TO ENSURE THAT THE CHILD IS LINKED PROPERLY TO CENTRELINK AND CONFIRMATION CAN BE GIVEN TO CONFIRM THAT ALL DETAILS HAVE BEEN PROVIDED.**

PLEASE ENSURE THAT YOU PROVIDE THE FOLLOWING INFORMATION WITH THIS ENROLMENT FORM:

* YOUR CHILD’S IMMUNISATION RECORD (ONLINE MEDICARE STATEMENT ONLY)
* BIRTH CERTIFICATE
* ANY CUSTODIAL ORDERS
* ANY AVO’S (COURT ORDERS)
* COPY OF CCB LETTER FROM FAMILY ASSISTANCE OFFICE.
* ANY REQUIRED MEDICAL MANAGEMENT PLANS

**CLAIMING CCB AND CCR**

*It can be a little difficult navigating the Governments information to work out exactly what you need to do in order to receive CCB and CCR, so we have put together a little check list to help you.*

* Provide a correct Customer Reference Number (CRN) and Date of Birth for the claiming parent on your enrolment form.
* Provide a correct CRN and Date of Birth for the claiming child on your enrolment form.
* Contact the Family Assistance Office on 13 61 50 to advise them that your child is starting care with Holistic Approach Family Day Care and be assessed for CCB and CCR. *(Please note that your child is attending an APPROVED service, not a registered service)*
* Decide how you would like to claim your CCR payment (either paid to HAFDC to have your fees reduced, or to yourself at designated intervals) and then advice the Family Assistance Office.
* Although you may not be entitled to claim CCB, you should still apply and claim 0%.
* When these steps are taken, your claim for CCB and CCR goes through much quicker and you can start paying reduced fees as per your entitlements.

**ONLINE IMMUNISATION STATEMENT FROM MEDICARE**

It is also important to provide us with up to date immunisation information to meet Government regulations and to continue to receive your CCB. If you are from New South Wales or the Australian Capital Territory this MUST be an online immunisation certificate from the Medicare website or you can obtain one from going into Medicare directly.

To do this:

* Logon to or set up a MyGov account at [www.mygov.com.au](http://www.mygov.com.au)
* Then link Medicare to your account, or click on the Medicare link if this has already occurred.
* Click on proceed to online service
* Click on Australian Childhood Immunisation Register and enter the correct details of the child you are wishing to obtain the statement for.
* It will then display the certificate for the nominated child, which you need to save to your computer and then you will be able to print this and give it to your educator.

CHILD ENROLMENT FORM

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EDUCATOR CHILD IN CARE WITH: | | |  | | | | | |
| CHILD FIRST NAME | | | CHILDS SURNAME | | | | CHILDS DATE OR BIRTH | |
|  | | |  | | | |  | |
| CHILDS CRN: | | |  | | | | | |
| Do you have children currently enrolled at Holistic Approach FDC? | | | □ Yes □ No | How many children are you claiming childcare for benefits for each week? | | |  | |
| PLACE OF BIRTH: |  | | | GENDER: | | |  | |
| INDIGENOUS STATUS:  (Please circle) | ABORIGINAL | | | TORRES STRAIT ISLANDER | | | NEITHER | |
| SCHOOL |  | | | LANGUAGE SPOKEN AT HOME | | |  | |
| ADDRESS: |  | | | | | | | |
| SUBURB: |  | | | | | | | |
| STATE: |  | | | POSTCODE | | |  | |
| **PARENT 1 (Parent claiming Childcare Benefits)** | | | | | | | | |
| PARENT 1 FIRST NAME | | | PARENT 1 SURNAME | | | | PARENT 1 DATE OR BIRTH | |
|  | | |  | | | |  | |
| PARENT 1 CRN: | |  | | | | | | |
| PARENT 1 EMAIL ADDRESS: | |  | | | | | | |
| PARENT 1 GENDER: | |  | | FORMER NAMES PARENT HAS BEEN KNOWN BY | | | |  |
| ADDRESS: | |  | | | | | | |
| SUBURB: | |  | | STATE: | |  | | |
| POSTCODE: | |  | | PLACE OF BIRTH: | |  | | |
| HOME PHONE | |  | | WORK NUMBER | |  | | |
| MOBILE NUMBER | |  | | LANGUAGE SPOKEN AT HOME | |  | | |
| OCCUPATION | |  | | | | | | |
| PLACE OF WORK: | |  | | | | | | |
| WORK STARTS: | |  | | WORK FINISHES |  | | | |
| CONCESSION /HEALTH CARE CARD HOLDER? | |  | | PREFERRED METHOD OF CONTACT? |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARENT 2** | | | | | | | | | | | | | | | | |
| PARENT 2 FIRST NAME | | | | | PARENT 2 SURNAME | | | | | | | | | PARENT 2 DATE OR BIRTH | | |
|  | | | | |  | | | | | | | | |  | | |
| PARENT 2 CRN: | |  | | | | | | | | | | | | | | |
| PARENT 2 EMAIL ADDRESS: | |  | | | | | | | | | | | | | | |
| PARENT 2 GENDER: | |  | | | | | | | FORMER NAMES PARENT HAS BEEN KNOWN BY | | | | | |  | |
| ADDRESS: | |  | | | | | | | | | | | | | | |
| SUBURB: | |  | | | | | | | STATE: | | | |  | | | |
| POSTCODE: | |  | | | | | | | PLACE OF BIRTH | | | |  | | | |
| HOME PHONE | |  | | | | | | | WORK NUMBER | | | |  | | | |
| MOBILE NUMBER | |  | | | | | | | LANGUAGE SPOKEN AT HOME | | | |  | | | |
| OCCUPATION | |  | | | | | | | | | | | | | | |
| PLACE OF WORK: | |  | | | | | | | | | | | | | | |
| WORK STARTS: | |  | | | | | | | WORK FINISHES | |  | | | | | |
| CONCESSION /HEALTH CARE CARD HOLDER? | |  | | | | | | | PREFERRED METHOD OF CONTACT? | |  | | | | | |
| FAMILY STATUS (Please circle) | | | | | | | | | | | | | | | | |
| BOTH PARENTS AT HOME | | | SOLE PARENT | | | | SHARED CARED | | | | | | | | OTHER | |
| ADDITIONAL DETAILS: | | | | | | | | | | | | | | | | |
| CUSTODY ARRANGEMENTS | | | | | | | | | | | | | | | | |
| If separated or divorced, who has legal custody of the child? (Please circle) | | | | | | | | | | | | | | | | |
| Parent One | | | | | Parent Two | | | | | | | Both | | | | |
| Parent 1 Access Arrangements? | | | | | □ Full | | | | | | | □ Limited | | | | |
| Parent 2 Access Arrangements? | | | | | □ Full | | | | | | | □ Limited | | | | |
| Are there any court orders, parent order or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child?  (If Yes, please provide these details) | | | | | | | | | | | | □ Yes □ No | | | | |
| Is there anyone who is prohibited from having contact with the child? (If yes, please provide details). | | | | | | | | | | | | □ Yes □ No | | | | |
| EMERGENCY CONTACTS AND AUTHORISATION | | | | | | | | | | | | | | | | |
| Contact 1 | | | | | | | | | | | | | | | | |
| FIRST NAME | | | | | SURNAME | | | | | | | RELATIONSHIP TO CHILD | | | | |
|  | | | | |  | | | | | | |  | | | | |
| ADDRESS: | |  | | | | | | | | | | | | | | |
| POSTCODE: | |  | | | | | | | PLACE OF BIRTH | | | |  | | | |
| HOME PHONE | |  | | | | | | | WORK NUMBER | | | |  | | | |
| MOBILE NUMBER | |  | | | | | | | | | | | | | | |
| This person has authority to (Please tick all relevant permissions) | | | | | | | | | | | | | | | | |
| □ | Collect / Deliver the child to/from the service | | | | | | □ | | | Give permission for excursions out of the service | | | | | | |
| □ | Consent to medical treatment for the child | | | | | | □ | | | Permit transportation of the child by an ambulance service | | | | | | |
| □ | Request / Permit medication to be given to the child | | | | | | □ | | | If the parent / guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child. | | | | | | |
| Contact 2 | | | | | | | | | | | | | | | | |
| FIRST NAME | | | | | SURNAME | | | | | | | RELATIONSHIP TO CHILD | | | | |
|  | | | | |  | | | | | | |  | | | | |
| ADDRESS: | |  | | | | | | | | | | | | | | |
| POSTCODE: | |  | | | | | | | PLACE OF BIRTH | | | |  | | | |
| HOME PHONE | |  | | | | | | | WORK NUMBER | | | |  | | | |
| MOBILE NUMBER | |  | | | | | | | | | | | | | | |
| This person has authority to (Please tick all relevant permissions) | | | | | | | | | | | | | | | | |
| □ | Collect / Deliver the child to/from the service | | | | | | □ | | | Give permission for excursions out of the service | | | | | | |
| □ | Consent to medical treatment for the child | | | | | | □ | | | Permit transportation of the child by an ambulance service | | | | | | |
| □ | Request / Permit medication to be given to the child | | | | | | □ | | | If the parent / guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child. | | | | | | |
| Contact 3 | | | | | | | | | | | | | | | | |
| FIRST NAME | | | | | SURNAME | | | | | | | RELATIONSHIP TO CHILD | | | | |
|  | | | | |  | | | | | | |  | | | | |
| ADDRESS: | |  | | | | | | | | | | | | | | |
| POSTCODE: | |  | | | | | | | PLACE OF BIRTH | | | |  | | | |
| HOME PHONE | |  | | | | | | | WORK NUMBER | | | |  | | | |
| MOBILE NUMBER | |  | | | | | | | | | | | | | | |
| This person has authority to (Please tick all relevant permissions) | | | | | | | | | | | | | | | | |
| □ | Collect / Deliver the child to/from the service | | | | | | □ | | | Give permission for excursions out of the service | | | | | | |
| □ | Consent to medical treatment for the child | | | | | | □ | | | Permit transportation of the child by an ambulance service | | | | | | |
| □ | Request / Permit medication to be given to the child | | | | | | □ | | | If the parent / guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child. | | | | | | |
| HEALTH AND MEDICAL INFORMATION | | | | | | | | | | | | | | | | |
| Medicare Number: | |  | | | | | | | | | | | | | | |
| Medical Centre Name: | |  | | | | | | | | | | | | | | |
| Doctors Name: | |  | | | | | | | | Phone Number: | | | | |  | |
| Doctor Address: | |  | | | | | | | | | | | | | | |
| Dentist Name: | |  | | | | | | | | Phone Number: | | | | |  | |
| Dentist Address: | |  | | | | | | | | | | | | | | |
| Private Health: | | □ Yes □ No | | | | Provider and Membership No. | | | | | | | | |  | |
| Ambulance Subscription | | □ Yes □ No | | | | Do you provide authorisation for the child to self-administer medication? | | | | | | | | | □ Yes □ No | |
| Do you give consent for the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service? | | □ Yes □ No | | | | Do you give consent for the service to seek transportation of the child by an ambulance service? | | | | | | | | | □ Yes □ No | |
| Has your child been diagnosed at risk of Anaphylaxis | | □ Yes □ No | | | | If yes, to what?  (Please provide medical management plan) | | | | | | | | |  | |
| Does your child have any allergies?  e.g. food, medication, animals insects? | | □ Yes □ No | | | | If yes, to what?  (Please provide medical management plan if applicable) | | | | | | | | |  | |
| Does your child have any special dietary requirements? | | □ Yes □ No | | | | If yes, please explain | | | | | | | | |  | |
| Does your child have any problems with hearing, sight, speech? | | □ Yes □ No | | | | If yes, please explain | | | | | | | | |  | |
| Does your child have any health problems, operations, illnesses, disabilities? | | □ Yes □ No | | | | If yes, please explain  (Please provide medical management plan if applicable), | | | | | | | | |  | |
| Does your child have asthma? | | □ Yes □ No | | | | If yes - (Please provide medical management plan) | | | | | | | | |  | |
| Does your child take any regular medication? | | □ Yes □ No | | | | If yes – please explain | | | | | | | | |  | |
| Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? | | □ Yes □ No | | | | If yes – please explain. (Please provide medical management plan if applicable) | | | | | | | | |  | |
| Does either parent have a disability? | | □ Yes □ No | | | | Is the family a single parent family? | | | | | | | | | □ Yes □ No | |
| Please provide further information to the above medical questions if applicable.  IF YOU HAVE INDICATED A MEDICAL CONDITION ABOVE PLEASE ENSURE THAT YOU HAVE COMPLETED A MEDICAL MANAGEMENT PLAN WITH THIS ENROLMENT. | | | | | | | | | | | | | | | | |
| ROUTINES | | | | | | | | | | | | | | | | |
| Has your child begun toilet training? | | | | □ Yes □ No | | | | Is your child used to being with other children? | | | | | | | | □ Yes □ No |
| Is your child used to being with other adults? | | | | □ Yes □ No | | | | Is this the first time your child has been cared for by someone other than a family member? | | | | | | | | □ Yes □ No |
| Are there any aspects of your child’s cultural, ethnic, and/or religious background that you would like us to be aware of? | | | | □ Yes □ No | | | | Are there any special considerations for your child? Eg. cultural, religious or additional needs? | | | | | | | | □ Yes □ No |
| Please provide further information to the above questions if applicable. | | | | | | | | | | | | | | | | |



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| **ENROLMENT PERMISSION FORM:** Version 2 (Feb, 2015) |

**CHILD’S NAME:**

**MEDICAL CONDITIONS FOR DISPLAY:**

If my child is recognised to have an action plan for a life threatening medical condition I give permission for my child’s plan to be displayed for educators and visitors to view.

Signed Parent/ Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Parent / Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUNCREAM PERMISSION:**

I agree, for the Educator to use sunscreen on my child when he/she plays outdoors. I also understand that by choosing to deny the use of sunscreen, my child will not be allowed to play outside or go on excursions with the Educator that are outside. Parents may provide the sunscreen to be used on their child. Sunscreen must be SPF 30+ or higher.

Yes No (please circle)

**INSECT REPELLENT PERMISSION:**

I agree, for the Educator to use insect repellent on my child when insects, such as mosquitos, are present. Parents may provide the Insect Repellent they would like used on their child/ren. Insect repellent is not required to participate in outdoor activities or excursions, but is recommended.

Yes No (please circle)

**PHOTOGRAPH / VIDEO PERMISSION/ PROGRAMMING DOCUMENTATION:**

I agree that photographs, videos, artwork and programming documentation of my child taken and recorded by the Educator at Holistic Approach Family Day Care Scheme may be displayed or viewed at the Service or incorporated into other children’s programming related documentation.

Yes No (please circle)

I agree that photographs and videos of my child taken in the venue / residence that are taken or recorded by the Educators may be used in its publications, on its websites, social media for educational displays and in presentations for professional development and conferences.

Yes No (please circle)

PLEASE NOTE: No documentation may be copied, reused or retransmitted without the permission of the service.

**ADMINISTRATION OF PARACETAMOL:**

I hereby authorise the educator to administer one dose only (only when parents are contacted) at an age / weight appropriate dose of a paracetamol mixture (Panadol / Neurofen) to my child. This can only be administered (for emergencies only) eg: a temperature more than 38C or if a child is visible discomfort and/or pain. If Panadol is administered the child will be required to be collected from care.

Yes No (please circle)

**PERMISSION TO TRANSPORT TO HOSPITAL:**

I give permission for my child’s Educator or Scheme Consultant/ Manager, in the case of an emergency and medical treatment is required, to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance.

I also give permission for the Educator or Scheme Consultant / Manager to arrange transport of my child via ambulance service if required.

Signed Parent/ Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Parent / Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT / GUARDIANS DECLARATION AND AGREEMENT:**

I understand by completing this form I am agreeing to Holistic Approach Family Day Care Scheme’s policies and procedures, fees and charges. I am aware I need to give two weeks notice in writing to cancel or change my care arrangements bookings.

Signed Parent/ Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Parent / Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**ENROLMENT - EDUCATOR / PARENT CONTRACT OF CARE Version 2 (Oct 2014)**

(ONE CONTRACT PER CHILD)

**EDUCATOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(ON BEHALF OF HOLISTIC APPROACH FAMILY DAY CARE SCHEME)**

**CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD’S ENROLMENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT / GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTRACT ARRANGEMENT:**  **DATE CONTRACT COMMENCES:** | | | | | | | |
| * **COMMENCEMENT OF CARE.** * **PERMANENT CHANGE OF EDUCATOR** * **PERMANENT CHANGE OF BOOKING TIMES** * **CHANGE OF FEE SCHEDULE** * **VACATION CARE (SCHOOL HOLIDAY TIMES ONLY)** * **ALTERNATE OR BACK UP CARE** * **SCHOOL TERM ONLY** * **CASUAL CARE** * **CHANGE OF CONTRACTED HOURS**. * **ROSTER CARE** | | | | | | | |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURS** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **IN** |  |  |  |  |  |  |  |
| **OUT** |  |  |  |  |  |  |  |
| **IN** |  |  |  |  |  |  |  |
| **OUT** |  |  |  |  |  |  |  |
| **HOURS** |  |  |  |  |  |  |  |

**AGREEMENT:**

* All parents who are Australian residence are eligible to apply for Child Care Benefit (CCB) and Child Care Rebate (CCR). A child and customer CRN number must be provided to enable Holistic Approach FDC to process these benefits. If this information is not provided FULL FEES will be charged and payable.
* Fees are payable whenever a child is absent from care for any reason, including sickness and annual leave.
* Parent Levy is an additional charge on top of Holistic Approach fee schedule. This is collected by the educator on behalf of Holistic Approach Family Day Care Scheme.
* Parent / Families will be charged in accordance with the scheme fee schedule.
* Parent families will be given at least two week’s notice in advance of any changes to the fee schedule.
* CCB / CCR is paid for up to 42 absences per financial year. A record of these absences is kept by Holistic Approach FDC Scheme~~.~~ Documentation is required for absences over the 42 days.
* Any changes required to this contract is to be provided to Holistic Approach Family Day Care Scheme before the new contract starts.
* If fees are in arrears with current educator, alternate care will not be offered until all arrears are paid in full.
* Any breach of this contract may result in termination of care arrangements.
* All parties will be provided with a copy of the current scheme fee schedule.
* Any changes to family’s individual circumstances can only be dealt with by the families through Family Assistance Office personally. Privacy laws will not allow Holistic Approach Family Day Care Scheme to obtain information about individual circumstances.
* Information on the timesheet must be true and correct and the times must reflect the actual time of drop off and pick up.
* Providing misleading information is considered fraud.

|  |  |  |
| --- | --- | --- |
|  | **SIGNATURE:** | **DATE:** |
| **EDUCATOR’S SIGNATURE:** |  |  |
| **PARENT / GUARDIAN’S SIGNATURE:** |  |  |
| **HAFDC REPRESENTATIVE SIGNATURE:** |  |  |