



Agreement Form for Umina Kids Club.

Child's Name: _____

Parent's Names: _____

Thank you for reading the information booklet

Having read and fully understood the content of the "Umina Kids Club" information booklet. I agree to abide by the policies and procedures outlined in that booklet.

Signed: _____ Date: _____

Signed: _____ Date: _____

In the case of an illness, accident or an emergency resulting in the need for immediate medical, hospital or dental attention. I hereby give my permission for a staff member to seek medical, hospital or dental treatment from either the doctor or dentist nominated on the enrolment form. If we can not contact your nominated doctor or dentist we will contact one that is nearest the centre.

Signed: _____ Date: _____

Signed: _____ Date: _____

In the case of an accident or emergency resulting in the need for the use of the ambulance service I give my permission for a staff member to use the service for my child.

Signed: _____ Date: _____

Signed: _____ Date: _____

If every reasonable effort is made to contact me has failed and the doctor or dentist contacted considers immediate medication necessary he/she has my permission to administer the medication deemed necessary.

Signed: _____ Date: _____

Signed: _____ Date: _____

I have read and understood the Medical Conditions Policy and provided all necessary information to the service.

Signed: _____ Date: _____

Signed: _____ Date: _____

I understand that the centre has an Asthma Policy supported by the NSW Asthma foundation and that staff are able to administer Asthma medication should my child be showing difficulty breathing or having their first asthma attack while in care.

Signed: _____ Date: _____

Signed: _____ Date: _____

I am aware that if my child has not been collected by 6pm those persons nominated as "Emergency Contacts" will be asked to collect my child. I am aware an additional fee of \$20 and \$1.00 per minute is required for children collected after 6pm.

Signed: _____ Date: _____

Signed: _____ Date: _____

I agree to allow the staff to use sunscreen and insect repellent on my child

Signed: _____ Date: _____

Signed: _____ Date: _____

The Centre sometimes has Early Childhood students from various Tertiary Institutions doing their practicum. The students are required to do observations of the children, plan and implement activities for them and evaluate the experience. The confidentiality of the children and parents is always respected.

I give my permission for my child to participate in the practicum program organised for the students.

Signed: _____ Date: _____

Signed: _____ Date: _____

Informal photographs and videos are often taken of the children in the centre. These are used for teaching displays in the centre and sometimes to publicise the centre in outside media events. Photos and videos often leave the centre as photos are used in our projects and we invite families to borrow them and look at them at home with their children. Videos are often used by families for special events such as Christmas parties and Grandparents day.

I have no objection to photographs and videos being taken of my child and used for the above purpose.

Signed: _____ Date: _____

Signed: _____ Date: _____

I am aware that when giving my two weeks notice to end care, my child must attend on the last day of the notice period. If they do not, I will be charged full fees from their last date of attendance.

Signed: _____ Date: _____
Signed: _____ Date: _____

In the case of a community evacuation I agree to allow my child to travel in a private car from 4 Nowack Avenue Umina, to the nominated community evacuation point.

Signed: _____ Date: _____
Signed: _____ Date: _____

I have read the centre's confidentiality policy and agree to abide by it.

Signed: _____ Date: _____
Signed: _____ Date: _____

I understand it is my responsibility to keep my fees paid two weeks in advance at all times and my child's position at the centre is in jeopardy if this is not maintained. I also understand that should the services of a collections agency be required all costs of this service will be added to my account.

Signed: _____ Date: _____
Signed: _____ Date: _____

I have read the illness policy and understand that my child is unable to attend the centre if she/he has been vomiting or had diarrhoea or a temperature 24 hours before she/he is due to attend the centre.

Signed: _____ Date: _____
Signed: _____ Date: _____

I have read and understand the guidelines set out by the Government in regards to priority of access for child care places and agree to adhere to the guidelines.

Signed: _____ Date: _____
Signed: _____ Date: _____

I have provided the centre with my Child Care benefit reference numbers and the Date of birth of all members of our family.

Signed: _____ Date: _____
Signed: _____ Date: _____

I have provided information about the hours my child uses at any other approved child care facilities.

Signed: _____ Date: _____
Signed: _____ Date: _____

I understand that the service likes to use the local community. I give consent for my child to participate in local community excursions and that there will be a completed risk assessment and reduced child:staff ratios for any time the children leave the service. The most likely excursion in the community is to the West Street in Umina, accessible with a Pedestrian Crossing from 4 Nowack Avenue. Anything further than this will have separate permission notes.

Signed: _____ Date: _____
Signed: _____ Date: _____

I agree that on enrolment or after enrolment at Kariong or Umina Kids Clubs that should my child develop food allergies or intolerances which will require the need of an adjusted menu to the foods which are provided to all other children, then I will meet with the service director. At this meeting it will be determined what foods can be provided by the service and what foods I will need to provide on a daily basis for my child. I understand that this is about safety for my child and all the children who attend the service.

Signed: _____ Date: _____
Signed: _____ Date: _____

Please do not hesitate to see the Director if you have any questions regarding these agreements.