

CLEMTON PARK CHILD CARE CENTRE AUTHORIZATION SHEET

OBSERVATION AND OBJECTIVE SETTING:- I.....
(parent/guardian) give the educators of Clemton Park Child Care Centre permission to observe my child during each day of care. I understand that the centre will use this information to plan and implement activities that will develop or further challenge my child's already existing skills in all areas therefore promoting school readiness

SIGNATURE:-..... Date:-.....

PHOTOS:-I.....(parent/guardian)

Give permission for the educators of Clemton Park Child Care Centre to take photos of my child..... to be used in observation/portfolio's as well as display on digital photo frame in main room. I understand that these are used as visual aids for educators to show examples of my child's progress and interest in daily activities. I also understand that at times of group play photos my child will appear in others portfolio's.

Signature:-.....

I DONOT want my child to be photographed in group play settings and placed in their peers portfolio's.

Parent/Guardian Name:-.....

Signature:-..... Date:-.....

PANADOL:- in the event that my child's temperature reaches 39degrees I..... give permission for the educators at Clemton Park Child Care to administer 1 dose of Panadol as per instructions on box while a collect person is on their way to collect my child.

Signature:-.....Date:-.....

COLLECTION OF CHILDREN:- I.....

Understand that all collect person nominated to collect my child/ren are 18yrs or over. I am also aware if for any un-known reason someone other than the peoples listed on the enrollment form are sent to collect my child/ren they too must be 18yrs or over and have a form of current photo identification. I am also aware I need to notify the centre of this and my child will not be released by the centre if these procedures are not followed.

Signature:-.....

EMERGENCY:- I.....in an emergency situation where I can not be contacted give permission for the educators at Clemton Park Child Care Centre to apply the relevant treatment for my child Eg (ambulance and accompanying to hospital)

Signature:-.....Date:-.....

CLEMTON PARK CHILD CARE CENTRE POLICY AND PROCEDURES

I accept that the centre hours are 8am-6pm. My child cannot be left before 8am and not left after 6pm.

I accept that I will be charged a late fee of \$1.00per minute if I am late to collect my child. If this occurs more than 4 times my position at the centre will come under view.

I accept for legal purposes I MUST sign my child on/off each day.

I accept that the centre will issue me a monthly account and it is my responsibility to ensure fees are paid by 10am each Friday in cash or cheque or my account will incur a \$5.00 late fee.

If my account is more than 2weeks overdue my child's position at the centre will be re-viewed and possibly terminated. The outstanding fees will still need to be paid and if this does not occur relevant authorities will be employed to collect them.

I accept that any centre-link changes to my account may take up to 2weeks and when applied any outstanding monies will be paid by the Friday.

If I choose for any reason to cease sending my child to the centre I understand I am required to give the centre 2weeks notice. Any outstanding fees at time of departure will be passed onto authorities to claim. Details will also be registered with the board of child care bad credit.

I accept that will be charged for any days my child doesn't attend eg holidays. And no make up days are available.

I accept that I MUST notify the centre when my child has a contagious disease Eg Gastro, Conjunctivities as the centre must keep a confidential register for oh&s purposes.

I accept that my child CAN NOT attend the centre for 24 from the last vomit or diarrhea.

When my child is feeling un-well they will not attend the centre to help reduce spread of illness.

I accept that each absence must be initialed in the book.

I accept that the centre can only administer PERSCRIPTION MEDICATION that is in it's original container with the chemist label attached and readable. This medication can only be given if the medication form has been correctly completed. NO over the counter medication/creams will be given unless accompanied by a letter from your doctor and medication forms are filled in.

I accept PANADOL will only be given whilst children are waiting to be collected.

I accept that I must pay for any days my child is absent.

I accept no make up days are available.

I am aware that if I have a concern or question about my account or administrative issue I can speak with Kasey or Anne at anytime.

I accept all of the above policies and procedures

Parent/Guardian:-

Signature:-..... Date:-.....

(re-viewed 4/1/10)

