



## Living Faith Early Learning Centre

GSM-Enrolment Form - Centre Based Care

V8.22

Dear Parent/Guardian,

To assist us in providing the best possible care for you and your child, please accurately complete the following form. We understand that paperwork can be time consuming, however this information will help us to provide individualised care that meets the specific needs of your child.

Please ensure you have read the accompanying documentation carefully prior to signing the enrolment agreement. This agreement is a binding contract and outlines your commitment with regards to:

- Providing current and accurate information about your child
- Notifying our Service of any changes that may impact on your child's needs or our provision of care
- Ensuring your contact details remain current at all times
- Payment of fees

We ask that you pay particular attention to each section that requires a signature as enrolment cannot proceed until all sections are signed. Do not hesitate to ask for assistance when completing the enrolment form. We are more than happy to help.

### Your enrolment package consists of the following documents that must be completed and returned:

- Enrolment form
- Booking and Fee Agreement
- Xplor Agreement (*only applicable for QLECS Services using Xplor*)
- Parent, Visitor and adult Occupant Code of Conduct
- Permission to Dispense Paracetamol/Ibuprofen

### The following documentation must be provided to the Service with your completed enrolment form:

- Immunisation History Statement
- Birth Certificate
- Health Care Card (*Long Day Care and Kindergarten Services Only*)
- Health Plans (*Anaphylaxis, Asthma or General Health Management Plan*)
- Documents relating to additional needs or diagnosed disability (*medical records, specialist support services referral*)
- Documents relating to any Parenting Order/Plan, Domestic Violence Orders or other legal documents relating to the child

Please ensure that all sections that have a green 'flag':  are signed or initialled.

Child's Name:

Commencement Date

## Information About Your Child

Full Name

Other name(s) your child is known by

FAO Customer Reference Number (CRN)

Date of Birth

Age at enrolment

Gender

M

F

Country of birth

Home address

School Attended (OSHC Services only)

Cultural background

Identify as Aboriginal

Other:

Identify as Torres Strait Islander

Language(s) used at home

Religion

Medicare Number

Expires

Medical Practice

Name of Medical Practitioner

Contact number

Address

Does the child have a Health Care Card

Yes (please supply a copy)

No

## Care Arrangements and Legal Orders

In order to comply with Regulation 160 (4) of the Education and Care Services National Regulations, the Service must be provided with copies of any Court appointed documents relating to the child, this may include but is not limited to:

**Parenting Order** means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;

**Parenting plan** means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

### Legal/Court Appointed Documents

Should your child be named in any legal document, such as a Protection Order that legally denies a person/persons access to the child, **a copy of these documents will need to be provided to the Service.**

Is there a Parenting Order or Parenting Plan in place that relates to your child?

Yes

No

Is there a Protection Order in place in which your child is named?

Yes

No

Is there anyone legally denied access to the child?

Yes

No

# Information About Your Child's Health and Wellbeing

A general health plan must be used to manage conditions that require ongoing monitoring or pose a particular risk such as epilepsy or children prone to febrile convulsions. All Health Management Plans must be signed by a medical practitioner and have been developed within the last 12 months. A copy must be provided to the Service upon enrolment. After completing the checklist below please provide details of all medical conditions, dietary restrictions and all conditions that require a management plan.

Is your child at risk of Anaphylaxis? *(Please provide details in section 2 below)*  Yes  No

Does your child have a current Anaphylaxis Plan? *(Please provide details in section 1 & 2 below)*  Yes  No

Does your child have Asthma? *(Please provide details in section 1 below)*  Yes  No

Does your child have a current Asthma Plan in place? *(Please provide details in section 1 below)*  Yes  No

Does your child take medication regularly? *(Please provide details in section 1 below)*  Yes  No

Does your child have a medical condition? *(Please provide details in section 1 below)*  Yes  No

Does your child have a General Health Plan in place? *(Please provide details in section 1 below)*  Yes  No

Is your child's immunisation up to date?  Yes  No

Do you have a medical exemption for immunisation?  Yes  No

Does your child have any dietary restrictions? *(Please provide details in section 2 below)*  Yes  No

Is your child accessing any specialist support services or Allied Health professional? *(Please provide details in section 3 below)*  Yes  No

Does your child present with any additional needs or have a diagnosed disability? *(Please provide details in section 4 below)*  Yes  No

Does your child require any support with interpersonal relationships? *(Please provide details in section 5 below)*  Yes  No

Does your child require any support with self care skills?  Yes  No

Does your child require any support with mobility?  Yes  No

Does your child require any support communicating? *(Please provide details in section 5 below)*  Yes  No

Does your child require any learning support? *(Please provide details in section 5 below)*  Yes  No

Does your child have any additional support needs not mentioned above? *(Please provide details in section 5 below)*  Yes  No

**1.** Please provide details of any medical conditions including treatment and medications. If your child takes medication on a regular basis you will be required to complete a CHS-Medication Authorisation.

**2.** Please provide details of any dietary restrictions

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3. Please provide details of any specialist support services, such as Paediatrician, Occupational Therapy, Speech Pathology or other Allied Health professional your child sees

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4. Please provide details of any disability your child has been diagnosed with or is currently being assessed for

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5. Please provide details of any additional needs your child may have in terms of communication, interpersonal relationships and additional learning support they may need

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## Cultural Connections and Family Traditions

Please tell us about your family:

Are there any religious or cultural practices that your family observes?

Are there any family traditions or celebrations that are significant to your child?

## Your expectations for your child's time at our Service

Providing quality care and educational environments for your child is our goal. How can we best support your child whilst in our care?

## Family Participation

Please indicate any areas family members may be able to offer any assistance or wish to participate in.

For example you may like to become involved in the Advisory Group, comprised of members from the parent group, college/school (where a Service is co-located on a school site), congregation and local community.

Alternatively you may have a particular skill you can share with the children or find time to help with maintenance

# Parent/Guardian Information

## 1st Parent/Guardian (Parent/Guardian who will be claiming CCS)

Full Name

Relationship to child

Date of Birth

Do you reside with the child?

Yes  No

If 'No' please enter your address below

Home Address

Home Phone

Work Phone

Mobile Phone

Email Address

Cultural background

Identify as Aboriginal  Other:

Identify as Torres Strait Islander

Language(s) spoken at home

Religion

Workplace and Occupation

FAO Customer Reference Number (CRN)

## 2nd Parent/Guardian

Full Name

Relationship to child

Date of Birth

Do you reside with the child?

Yes  No

If 'No' please enter your address below

Home Address

Home Phone

Work Phone

Mobile Phone

Email Address

Cultural background

Identify as Aboriginal  Other:

Identify as Torres Strait Islander

Language(s) spoken at home

Religion

Workplace and Occupation

# Emergency Contacts and Authorised Nominees

In accordance with 170(5) of the Education and Care Services National Law and sections 160, 161, 102 & 99 of the Regulations, a Parent/Guardian is required to nominate Emergency Contacts and Authorised Nominees authorised to carry out the following responsibilities for their child.

**Emergency Contact:** a person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted;

**Authorised nominee [collection]:** a person who has been given permission by a parent or family member to collect the child from the education and care service or Family Day Care Educator

**Authorised nominee [medical]:** a person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child

**Authorised nominee [excursion]:** a person who is authorised to authorise an educator to take the child outside the education and care service premises

**Authorised nominee [transport]:** a person who is authorised to authorise the Education and Care Service to transport the child or arrange transport for the child

## Emergency Contact/Authorised Nominee 1.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Email

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Authorised Nominee [transport]  Yes  No Suburb and postcode

Relationship to child:

## Emergency Contact/Authorised Nominee 2.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Email

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Authorised Nominee [transport]  Yes  No Suburb and postcode

Relationship to child:

## Emergency Contact/Authorised Nominee 3.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Email

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Authorised Nominee [transport]  Yes  No Suburb and postcode

Relationship to child:

Further Emergency Contacts and Authorised Nominees may be provided on an additional form.

# Authorisations

## Medical Consent

I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for staff to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and transportation of the child by an ambulance service, in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/We understand that every effort will be made to contact me/us in the event of any illness or accident. (Reg. 161).

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

## Authorisation to photograph and record video footage of child.

(compulsory; if no permissions granted please tick 'none of the below')

I hereby authorise representatives of the Approved Provider (such as the Nominated Supervisor or an Educator) to photograph and record video footage of my child and display their picture within the centre. In addition to this I also permit the specific uses indicated below. I understand that the Service where authorised will use images at their discretion.

None of options below; permission is limited to displays within the service

Photographs can be used in the Service newsletter

Yes

No

Photographs can be used in QLECS newsletters (distributed to staff and families in Lutheran communities)

Yes

No

Photographs can be used for advertising purposes within newspapers, for trade displays or local library

Yes

No

Photographs and video can be displayed on the Service Facebook page, which may be accessible by the general public

Yes

No

Photographs and video can be displayed on the QLECS website and Facebook Page accessible by the general public

Yes

No

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

## Authorisation to share information

In some cases where a Service is co-located on a school site, a request may be made for family contact details (postal or email) for the purpose of sharing school promotional and/or enrolment information

I give permission for my information to be shared with the co-located school or college

Yes

No

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

## Authorisation to apply Sunscreen and Insect Repellent

Prior to outdoor play children are required to have Sunscreen and where necessary Insect Repellent applied. Sunscreen and Insect Repellent is supplied by the Service and details of the product(s) used will be displayed at the Service on a CHS-Sunscreen/Insect Repellent Display Poster for your information. Should your child have allergies that prevent the use of either product or the particular brand, you may supply a suitable alternative, **please ensure details of the allergy are supplied on page 3 of this form.**

I give permission for my child to apply/have Insect Repellent applied for them as, supplied by the Service

Yes

No

I give permission for my child to apply/have Sunscreen applied for them, as supplied by the Service

Yes

No

I give permission for my child to apply/have Sunscreen applied for them, as supplied by our family

Yes

No

I give permission for my child to apply/have Insect Repellent applied for them, as supplied by our family

Yes

No

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

# Enrolment Agreement

In consideration of enrolling my child at the Service I the undersigned do hereby agree that:

1. I understand that in the case of sudden illness or accident, the Service Leader shall have discretionary power to take all reasonable steps to provide appropriate medical attention for my child; that the parents/guardians will be contacted as soon as possible; and that any costs incurred will be borne by the parents/guardians.
2. I agree to keep my child at home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or staff.
3. I agree to notify the Service promptly of the reasons for any absences.
4. I will ensure that the child is brought to the Service by a responsible person and taken to an Educator prior to the responsible person leaving the service.
5. I will ensure that the child is collected by an Authorised Nominee (identified on page 6 under Emergency Contacts and Authorised Nominees) before the official closing time. Should I be late collecting the child I agree to pay the Late Collection Fee. I will make every effort to inform the Service of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded, collecting my/our child.
  - a. I understand that the Service cannot and will not allow my child to leave the service with a person who is not an Authorised Nominee unless permission is given by me to the Service prior to collection.
  - b. I understand and authorise that the Service does not release my child for collection to any person who appears to be under the influence of alcohol or drugs at the time of collection or who may, in the reasonable opinion of the Service, pose any other risk to my/ our child.
6. I understand and accept that families who enrol in the Service and have children who are not immunised, are bound by the following conditions:
  - a. Upon confirmation of an outbreak of a vaccine preventable disease, non-immunised children will be excluded from care during the incubation period and the recommended exclusion period. This applies where it can be reasonably assumed the child has been or will be exposed.
  - b. During the exclusion period full fees will be charged and must be paid in accordance with the fee policy
7. I agree to, on termination of my child's enrolment at the Service, give notice as per the Service policy or forfeit two week's fees, in lieu of notice. I am aware that if my child does not attend during the notice period, CCS cannot be claimed and I will be required to pay full fees.
8. I agree to notify the Service immediately of any change in my/our address and/or telephone numbers or any change in the addresses and/or telephone numbers of the Emergency Contacts and Authorised Nominees.
9. I understand that where we have defamed, offended, vilified and/or insulted the reputation of the Service, its employees, QLECS, the Lutheran Church its employees and officers, in any way on any social media forum or other publication that my child's booking will be terminated immediately and I agree to delete any public comments made immediately on the Services direction. I also acknowledge that the Service may seek legal representation in relation to any comments made by us either during or after my child's attendance at the service in relation to comments made by us in social media or other publication.
10. I have read the Parent Handbook about the Service and agree to co-operate in all things to the best of my ability. I have visited the Service and discussed with the Service Leader the enrolment of my child and understand the importance of family co-operation and agree to participate when possible in the activities of the Service. I agree to be bound by the constitution/ Rules and/or any by-laws of the Service/Association.
11. I understand that fees are payable in advance; that the normal fees will be payable at all times including the absence of my/ our child for sickness and holidays. If fees are not paid, my child's continued enrolment in the Service cannot be guaranteed. All accounts that do not have a zero balance prior to each statement run cycle will incur an Overdue Account Fee. Fees are payable as per the enrolment agreement regardless of whether a statement is issued.

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1st Parent/Guardian signature

Date

Sign Here

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2nd Parent/Guardian signature

Date

Sign Here





**Living Faith Early Learning Centre**

GSM-Booking and Fee Agreement (CWA) Centre Based Services

**Agreement Between**  
*(Insert Parent/Guardian Name)*

**And**

**For the care of**  
*(Insert Child's Name, Address and Date of Birth)*

**To commence on**  
*(Insert Start Date)*

**Booking Preferences**

Please check the box for each day you would like your child to attend on a routine basis and write approximate arrival and departure times underneath. Care offered under this Agreement is 'casual care' if specific days your child will attend are not selected.

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Standard Operational Hours	6.30am-6.00pm	6.30am-6.00pm	6.30am-6.00pm	6.30am-6.00pm	6.30am-6.00pm
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximate Arrival Time

Approximate Departure Time

**Booking Arrangement Type**

The four different types of child care arrangements with details of each and information about whether Child Care Subsidy / Additional Child Care Subsidy is payable are outlined fully on page 3 of this document.

- CWA (Complying Written Arrangement)
- RA (Relevant Arrangement)
- ACCS (Additional Child Care Subsidy- Child Wellbeing provider eligible arrangement)
- OA (Arrangement with an Organisation)

**Fee Information**

The Service's fee schedule and billing frequency is listed below. Please note that fees listed are full fees and do not reflect any subsidies that you may be entitled to. Changes to the Fee Schedule will occur from time to time and families notified of all changes in writing

**Billing Frequency:** Weekly

Fee Schedule					
Fee	UNDER 2 \$113.00	OVER 3 \$109	OVER 4 \$107		
Permanent Fee Amount					
Casual Fee Amount					
CCS hours submitted per session	11.56.30am-6.00pm	10 7.00am-5.00pm	9 7.30am-4.30pm		

**In consideration of enrolling my child at the Service I, the undersigned, do hereby acknowledge and agree that:**

1. My child must be signed in upon arrival and signed out before departure by a responsible adult each time they attend.
2. An Educator must be informed that my child has arrived and has been signed in at the Service.
3. My child will only be released in to the care of an Authorised Nominee (as listed on page 6 of the Enrolment Form). The Authorised Nominee collecting my child must notify an Educator that they are leaving the premises.
4. In the event that I require an alternate person to collect my child, that person must bring photo ID and show this to an Educator before collecting the child.
5. I am required to notify the Service as soon as possible if my child will be absent on a Booked Day
6. A minimum of 2 weeks' written notice must be provided when cancelling enrolments.
  - a. In lieu of 2 weeks' written notice being given, 2 weeks' fees (at a full fee rate) will be charged.
  - b. Should my child finish at the centre on an 'absence' this day and any absences immediately preceding this will be charged at the full daily fee rate.

**In relation to account management and the payment of fees I, the undersigned, do hereby acknowledge and agree that:**

1. I, as the nominated person(s) responsible for paying the account, agree to pay all fees in accordance with the Service's Policies and Procedures. I understand that if fees fall in to arrears my account may be referred to a debt collector. If this occurs I understand that I will be liable for all legal and administrative costs incurred by the Service in administering the liquidated debt and acknowledge and agree to indemnify the Service of these costs.
2. I the parent/guardian agree that the information provided in this application is true and correct and can be relied upon by the Service.
3. I the parent/guardian agree to notify the Service immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within 7 days of the date of such a change.
4. I understand that fees are payable in advance. All accounts that do not have a zero balance prior to the next statement run will incur an *Overdue Account Fee*. Fees are payable as per the enrolment agreement regardless of whether a statement is issued.
5. I the parent/guardian agree to pay outstanding fees and cancellation fees where applicable together with all debt recovery expenses including fees, court costs, legal fees reasonably incurred by the Service.
6. In the case of a default of payment, I the parent/guardian acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to the collection agency for legal recovery action.
7. I understand that in the case of a default on payments for child care fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty days or until paid.
8. I the parent/guardian acknowledge that care may be refused in the case of a default.

*Paragraph 85BA(1)(b) of the Family Assistance Act provides that an individual is eligible for CCS where, among other requirements, the individual has incurred a liability to pay for a session of care under a complying written arrangement. Such an arrangement must clearly establish a liability to pay for sessions of care in order for an individual to be eligible for CCS for a session of care.*

*The service must submit an enrolment notice in the Child Care Subsidy (CCS) system, by law, within 7 days of signing a CWA.*

*Please be aware you will only be entitled to receive subsidy once the CWA has been signed by you on the 'myGov' portal*

1st Parent/Guardian  
signature

Date

Sign Here

2nd Parent/Guardian  
signature

Date

Sign Here

## Types of arrangement

There are four types of arrangement:

- Complying Written Arrangement
- Relevant Arrangement
- Additional Child Care Subsidy (child wellbeing) - provider eligible arrangement
- Arrangement with an organisation (third party).

An enrolment notice is required for each child attending the service, for any kind of arrangement. The description, and eligibility, of each type of arrangement is set out in the table below.

The enrolment notice will reflect the type of arrangement that is in place between the provider and the family/individual or organisation.

Arrangement Type	Description	Is Child Care Subsidy/ Additional Child Care Subsidy payable?
<p>CWA Complying Written Arrangement</p>	<p>A Complying Written Arrangement must set out the following:</p> <p>the names and contact details of the provider and the individual(s) the date that the arrangement starts the name and date of birth of the child (or children) if care will be provided on a routine basis, and if so: details about the days on which sessions of care will usually be provided, and the usual start and end times for these sessions of care whether care may be provided on a casual or flexible basis (in addition to, or instead of, a routine basis) details of fees to be charged under the arrangement (this can be by reference to a fee schedule or information available on the provider's website maintained by the provider), that the parties understand may vary from time to time.</p> <p>Additional information can be included to support the individual's understanding of their payment obligations.</p>	<p>Yes - Child Care Subsidy or Additional Child Care Subsidy</p>
<p>RA Relevant Arrangement</p>	<p>An arrangement between the provider and individual for the care of a child that does not meet the full requirements for a Complying Written Arrangement.</p> <p>Child Care Subsidy is not payable for care provided under a relevant arrangement. This type of enrolment notice is used only where a provider is sure that the family does not wish to claim Child Care Subsidy for the sessions of care they are going to provide, or the child's eligibility is not confirmed.</p>	<p>No</p>
<p>ACCS Additional Child Care Subsidy (child wellbeing) - Provider Eligible Arrangement</p>	<p>Where a provider has identified a child is at risk of serious neglect or abuse, but no eligible individual can be identified. In this case, the provider effectively becomes eligible for Additional Child Care Subsidy for that child, rather than an individual.</p>	<p>Yes - Additional Child Care Subsidy</p>
<p>OA Arrangement with an organisation (third party)</p>	<p>Made when another party (for example, an employer, other organisation, or the state - such as for participants in the Adult Migrant English Program) is liable for the fees for care of the child.</p>	<p>No</p>



## Living Faith Early Learning Centre

GSM-Xplor Agreement for Families (CCS Services)

V7.21

Dear Families,

As you will be aware, from information contained in our Handbook, our service uses the Xplor application to document children's learning, manage our parent accounts and billing, communicate with families and connect to CCSS.

Xplor allows each child to have a secure, private profile, which can be accessed at any time from your smart device. It will notify you when our educators add new information such as observations, photos, examples of work or videos .

Xplor allows for more sharing between home and the service as you are able to comment, make suggestions and share experiences that are happening at home via the App. You will receive updates about your child's day while they are at the service, announcements, newsletters, and documentation of the children's learning are shared via Xplor.

Xplor also allows you to sign in and out electronically, and pay your fees direct from the App (where PayPal is available ).

More information, including instructions for downloading and using the App will be provided to you as part of your enrolment pack. We encourage you to ask any questions you may have, request a demonstration from one of our Educators and read the information supplied that addresses the Terms of Use and Security of Xplor prior to signing the Xplor Agreement below.

I,

\_\_\_\_\_ *Insert full name here*

as Parent/Guardian for

\_\_\_\_\_ *Insert child/children's name here*

acknowledge and consent to the following:

- I am responsible for signing my child/children in/out via the Xplor App on my personal device (phone)
- In the event I am unable to sign my children in/out via my phone App I will do so via Xplor Hub on the Service iPad
- I understand that my child/children may be included in photographs that will be visible on the timelines of other children
- I will not share photographs from my child/children's timeline that include other children via any form of social media

I am aware that the Xplor Agreement forms part of the enrolment contract and by signing agree to all terms as set out above. Please note that all signatories below will be granted access to account details via the Xplor App and Online Portal.

1st Parent/Guardian  
signature

Can access  
Accounts

Date

**Sign Here**

2nd Parent/Guardian  
signature

Can access  
Accounts

Date

**Sign Here**



## Living Faith Early Learning Centre

### GSM-Parent, Visitor and Adult Occupant Code of Conduct

V6.22

A Code of Conduct provides guidelines for desirable and appropriate behaviour of all parents, visitors and adult occupants and reflects the values and beliefs of the Service. The Code of Conduct is designed to provide principles and practices to guide adult behaviour.

This Code of Conduct outlines the behaviours we require all adults working and attending our Service and/or Family Day Care Educator's homes to follow. It will assist in ensuring the safety and wellbeing of children, families, educators and staff.

Management has a legal responsibility to provide a safe and happy environment for all children and staff attending the service. Employers have a responsibility to provide, as far as practicable, a safe workplace that is free from discrimination, bullying and/or harassment. We ask that all parents/guardians/authorised nominees read and adhere to the standard of conduct below.

#### **In relation to the children:**

- Be a positive role model at all times.
- Always speak in an encouraging and positive manner.
- Listen actively to children and offer empathy, support and guidance where needed.
- Regard all children equally and with respect and dignity.
- Physical contact with children other than your own should be avoided, unless directed by an Educator, or if the safety of a child is compromised.
- All interactions with children should be undertaken in the presence of an Educator.
- Never do things of a personal nature for a child that he or she can do by him- or herself. For example, assisting him or her in going to the toilet.

#### **In relation to other adults:**

- Use respectful, encouraging and acceptable language.
- Respect the rights of others as individuals.
- Give encouraging and constructive feedback rather than negative criticism.
- Accept the staff's decisions and follow their directions at all times. Speak with the staff or Service Leader if you have any problem complying with any direction.
- Be aware of routines and guidelines for children's play within the Service. Abide by them, and seek advice when unsure.
- Any matter or concern related to managing children's behaviour should be referred to the staff immediately. Never reprimand another person's child.
- Refrain from public criticism of children and adults, either at the Service, Educators home or at functions outside of the Service.
- Any issue or grievance should be raised as outlined in the Service's Grievances and Complaints Procedure.
- Under NO circumstance should a child, parent/guardian or educator/staff member be approached directly in a confrontational manner.
- Smoking is prohibited on the property at all times. This includes the Service, Educators home during business hours, School and/or Church site.
- Respect the various cultural and linguistically diverse staff and families who attend the centre.
- Use the Service car parks appropriately and as they are marked e.g. Disabled car parks, keep clear signage etc.

- Do not enter restricted areas such as the kitchen, office and planning rooms unless you are with a staff member or Educator.
- Understand that sometimes Educators may need to discuss behavioural difficulties, developmental issues etc with you and that they have the best interests of your child in mind when they are discussing this.
- Read the Service policies and ask questions if you require clarification of any content.
- Respect the policies and procedures that have been implemented to ensure the smooth running of the Service.
- Understand that QLECS does not support staff providing any outside services such as babysitting/child minding to families enrolled at the Service, due to the conflicts this can cause.
- Understand that staff and Educators are not permitted to have families as friends on personal social networking sites, with the exception of family members or where a relationship was established prior to enrolment. QLECS values all employees as professionals and encourages professional relationships between clients and staff
- Be responsible for any child you bring to the Service if they are not enrolled. This includes supervising them at all times to ensure they are safe, not causing damage to Service property and are interacting safely and appropriately with other children.
- During operating hours at an Family Day Educators home and during rostered contact time in our centre based Services an Educator's primary focus is the care of the children.
- Arrival and departure times should coincide with the agreed booked times as per your enrolment to minimise disruptions to the program and routines

A breach of this policy may result in your child's enrolment being terminated.

Please ensure your emergency contacts and authorised nominees are aware of the Code of Conduct for Parents and Visitors.

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Child/Children name[s]

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1st Parent/Guardian Name	1st Parent/Guardian Signature	Date
2nd Parent/Guardian Name	2nd Parent/Guardian Signature	Date

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Visitors and Adult Occupants  
*(Visitors may include regular visitors to the Service or Authorised Nominees. Adult Occupants pertain to FDC Only)*

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date



## Living Faith Early Learning Centre

### Paracetamol/Ibuprofen Authorisation

The MEDICATION, PARCETAMOL AND NATURAL REMEDIES Policy states:

An initial dose of Paracetamol/Ibuprofen may be administered for the purpose of lowering the child's temperature for children who have a signed permission form. Attempts will be made to call a Parent/Guardian or Authorised Nominee [Medical] before administering Paracetamol/Ibuprofen, however, if a Parent/Guardian or Authorised Nominee [Medical] cannot be reached, the Service will proceed to administer the Paracetamol/Ibuprofen.

In the interim and for children without a permission form, the following methods will be used to lower the temperature - removal of excess clothing, giving clear fluids, a damp cool face washer on face or back of neck, monitoring the child's behaviour (e.g. alertness).

If the temperature continues to rise above 38 degrees, despite being given Paracetamol/Ibuprofen (for children with a signed permission form) and the above alternative methods have not worked and parents/guardians cannot be contacted, an ambulance will be called.

#### Our Service uses the following Paracetamol and/or Ibuprofen product[s]:

Brand Name	Panadol
Product Name	Paracetamol
Details	1 month - 2 years per dosage requirements

Brand Name	Panadol
Product Name	Paracetamol
Details	1 - 5 years as per dosage requirements

#### Parent/Guardian to complete

I hereby **AUTHORISE**  I **DO NOT** authorise

An Educator/Representative of the Service to administer one dose of **Paracetamol** according to the dosage instructions stated on the bottle for my child's age and/or weight. I understand the potential risks and side effects of this medication

I hereby **AUTHORISE**  I **DO NOT** authorise

An Educator/Representative of the Service to administer one dose of **Ibuprofen** according to the dosage instructions stated on the bottle for my child's age and/or weight. I understand the potential risks and side effects of this medication

Child's Name

Date of Birth

1st Parent/Guardian Name

1st Parent/Guardian Signature

Date

Sign Here

2nd Parent/Guardian Name

2nd Parent/Guardian signature

Date

Sign Here