



PARENT'S AGREEMENT

**I agree to abide by the conditions of enrolment of Six Hats Early Childhood Service.
I agree that my position may be reviewed at any time, according to the priority of Access guidelines of the Commonwealth Department of Health and Family Services.**

I agree that:

1. I will abide by the policies laid down in the handbook of the Six Hats Childhood Service;
2. I will pay fees in advance at all times;
3. I will pay a two week security deposit and the annual enrolment fee;
4. I will notify the Service **in writing** if my child is absent or on holidays;
5. I will notify the Service by telephone if my child is absent due to illness;
6. I will give two weeks **in writing** if I intend to withdraw my child from the Service, or I pay two full weeks service fee in lieu of notice;
7. I will advise the staff **in writing** if someone other than those persons specified on the enrolment form is to collect my child;
8. I will complete, **in writing**, authorisation using a medication form if my child requires medication to be administered whilst they are at the Service;
9. I will provide proof of immunisation if my child has been immunised;
10. If my child is involved in an accident and needs emergency treatment I give permission for staff to act on my behalf in case of an emergency or accident

Please cross out what does NOT apply and provide signature beside each statement:

11. I authorise staff to administer Paracetamol to my child if their temperature is 38.5 degrees celsius or above and I cannot be contacted by phone (we will always attempt to contact you first)..... **YES/NO.**
12. I give permission for Six Hats Early Childhood Service to seek urgent medical aid for my child and I will cover the costs, including ambulance..... **YES/NO.**
13. I give permission for my child to go on short walks and excursions outside the grounds of the Service where no transportation is required including HWC..... **YES/NO.**
14. I give permission for my child to be photographed for newspaper articles, publicity for the Service, and in reference to programming within the Service, on their own file or other children's files..... **YES/NO.**
15. I give permission for the staff to apply age appropriate sunscreen lotion to my child..... **YES/NO.**
16. Where applicable, I give permission for the staff to apply **my own supply** of sunscreen to my child..... **YES/NO.**
17. I give permission for my child to participate in observational studies by students..... **YES/NO.**
18. I agree to download the Skoolbag App to receive alerts..... **YES/NO.**
19. I give permission for my private contact email and phone numbers to be kept off premises on a secure smart phone for emergency purposes only..... **YES/NO.**
20. In the event of second tier 'Emergency Communication' protocols being activated, I give permission to include my email address and phone number in group emails and texts, this information will not be sold or traded to other third parties..... **YES/NO.**

I hereby certify that the above information is correct, and will inform the Service Director's immediately of any changes to this information.

Child's Name:.....

Parent/Guardian's Name:.....Date:.....

Signature:.....