**PARENTAL/GUARDIAN AGREEMENT:**

In consideration for enrolling my child/ren at Mount Crosby State School P&C Association Outside School Hours Care (referred to as the ‘Service’) I, the undersigned agree:

1. To pay fees within one week of using care. I understand that if fees are not paid, my child/ren’s continued enrolment at the Service cannot be guaranteed. I understand that accounts will be issued weekly and fees are payable upon receipt.
2. I agree that the normal fee will be payable at all times for permanent bookings including absences of my child/ren for sickness and term time holidays (excluding public holidays where no fees are charged) in accordance with the Australian Government allowable absences provisions for Child Care Subsidy (CCS).
3. On termination of my child/ren’s enrolment at the Service, I will provide one week’s notice or forfeit one week’s fees, in lieu of notice. I am aware that if my child/ren does not attend during the notice period Child Care Subsidy (CCS) cannot be claimed and I will be required to pay full fees.
4. To sign at the kiosk when leaving and collecting my child/ren on arrival to/departure from the Service otherwise, under current legislation, CCS cannot be allocated to your account for any unsigned attendances/absences.
5. I will ensure my child/ren is collected by a responsible person before the official Service closing time. Should I be late collecting my child/ren, I agree to pay the Late Collection Fee for each child of $20 for each 15 minutes starting from 6:31pm. I understand that recurrent late collection may result in cancellation of enrolment.
6. I understand that my child/ren are bound by the Service rules, policies and procedures as formulated by the service during the period of my child/ren's enrolment. I understand that my child/ren will be under the care and supervision of the Educators. I understand the Service implement positive and appropriate behaviour management strategies and agree to support their positive approaches to guiding children’s behaviour. I understand that should my child’s behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.
7. I agree to abide by the parent code of conduct and understand that unacceptable behaviour by parents may result in my refusal of access to the service.
8. In the case of sudden illness or accident, I authorise the service to provide and seek medical attention, including but not limited to, ambulance attendance and administration of emergency medication (e.g. Ventolin or EpiPen), to protect my child/ren from harm. All associated costs for this medical attention will be the responsibility of the child/ren's parent/guardian.
9. To keep my child away from the service when suffering from an infectious or contagious illness or disease as identified in the Queensland Health “Time Out” recommendations.
10. To inform the Service staff of any absence of my child/ren, prior to the starting time of any session of care.
11. I understand that the service has the right to refuse further attendance of children whose behavior is harmful to the property, facilities or environment of the service, or to the property or person of the children and staff who attend the service.
12. I understand that my child/ren cannot leave the service with anyone other than the authorised parent/guardian or emergency contact person without prior arrangement with the Service.
13. I understand that the staff of the service are free of all responsibility for lost property in connection with my child/ren's attendance.
14. I understand that staff will not administer medication unless it is prescribed and accompanied by a Medication Authorisation form. All medication must be in its original packaging and be labelled with the pharmacist's/medical practioner’s instructions.
15. I have read the Parent Handbook about the service and agree to abide by the policies, procedures and rules of the service to the best of my ability.
16. I understand all information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child. I authorise the Service to communicate and liaise with the School Principal about matters concerning the care of my child/ren.
17. I agree to notify the service, in writing, of any change in circumstances from the details as outlined in the enrolment form, including contact details and living arrangements of my child and/or parent/guardian.
18. I give permission for my child/ren to be taken on regular outings limited to areas within the school grounds and understand that a risk assessment has been done and is available for such outings.
19. I am aware that maximum safety precautions will be maintained and permission will be obtained from an authorised family contact before a child travels on any type of transport. Staff will follow the Service’s Policies and Procedures with regards to safely transporting children.
20. No fees are charged; for BSC, ASC or Excursions if 5 days cancellation notice is provided in writing. For all other Vacation Care days only 2 days notice is required. Cancellations notified within the 5 or 2 day period will result in an absence.