

## Child Minding Information

### Hours of Care:

Tuesday and Friday between 9.05am – 10.05am

Thursday – 9.20am – 10.20am

### Cost of Care:

\$3 per child per session for the first child, and \$2 per session for each additional child. ***This it to be paid on arrival to the carer.***

### Bookings:

**Bookings are ESSENTIAL** so that we can determine how many carers we need for each session. **Bookings must be made by 8pm the evening prior to the session** that you require care. To make a booking please text Teresa on 0488 768 173 or write your name in the child minding book on the appropriate date.

### Cancellations:

All cancellations must be made at least 24 hours before the scheduled booking, so that the number of carers can be altered if necessary. *All cancellations made after this period will require payment in full.* To cancel your booking please text Teresa on 0488 768 173 or remove your name from the child minding book on the appropriate date.

### Arrival and Departure:

On arrival, parents are required to mark the attendance book that their child is there and make the payment for the session.

A “Child minding registration form” must be filled out for each child that is in care.

### Please take note of the following:

- Please send your child with a water bottle with WATER in it only – please no cordial or anything else in the water bottles. Please ensure that your child’s name is on the water bottle. Please do not send your child with any food. They are in care for less than an hour so to make it easy for everyone, please no food (once one person starts eating everyone else wants something too).
- Please bring your child in a pram if they are little enough to stay in it, so that they are safe and off the floor, out of the way of other children
- Any items brought into care such as toys, ipads etc. remain the responsibility of the parent/child, not the carer. FHW will not be responsible for any damages to items.
- If your child is sick, please do not bring them into care



## Child Minding Registration Form

Child’s full name:

Date of birth:

Gender (please circle): M / F

Parent’s name:

Tel number:

Email:

Does your child have any of the following? (please circle)

Fits / Epilepsy / Heart condition / Asthma / Diabetes / Allergies / Other

Notes:

Does your child have any special requirements?

What things does your child like? Books, Movies, Games, Toys etc.....

Extra helpful information

Does your child require nappy changes? YES / NO

Is your child toilet trained? YES / NO

Does your child have a special comforter / blanket / toy? YES / NO

I consent to the collection and use of this information by Freedom Health and Wellness.  
YES / NO

At times, we may take photos of your children playing and use on Facebook or in advertising. Do you consent to this? YES / NO

Parent / Carer signature:

Date:

