

Educator first name: _____ Surname: _____

Parent first name: _____ Surname: _____

Date care is to commence: _____

FORMS

MANDATORY:

- Parent Interview Checklist (this form)
- Developmental Milestones
- Signed Copy of Educator's Fee Contract
- All About Me
- Educator Incident Form
- Emergency Contact Lists
- Sleep and Rest Risk Assessment

IF APPLICABLE:

- Court Order
- Excursion
- Doctors action plan
- Medical Conditions, Risk Minimisation and Communication Plan

EDUCATOR AND PARENT DISCUSSION

I hereby declare that my educator has:

- Shown me their daily plan / program and explained their general routine.
- Shown me their professional portfolio.
- Discussed their Fee Schedule / Contract with me, and I understand and agree to it.
- Explained that the Developmental Milestones will be routinely completed for my child to help assess developmental progress.
- If applicable, the medical conditions, risk minimisation and communication plan has been completed by the parent and educator.

SIGNATURES

Parent signature: _____ Date: _____

Educator signature: _____ Date: _____

OFFICE USE ONLY

Notes: _____
