



Inspiring Minds Tutoring Parental Agreement

I give permission for:

Inspiring Minds Studio staff to administer all necessary First Aid Treatment, including medication management to my child **Yes No**

Inspiring Minds Studio Staff to seek qualified medical treatment at a hospital or call a doctor and/or ambulance and agree to pay the relevant costs incurred. **Yes No**

My child to be assessed/observed by **Inspiring Minds Studio Staff** **Yes No**

Inspiring Minds Studio staff to take my child outside the premises of the service (**Reg 31(f) (i)**) to partake in emergency evacuation practice **Yes No**

I agree that:

Inspiring Minds Studio has absolute discretion in terminating my child’s registration if I fail to comply with centre procedures **Yes No**

I will notify the service by 1 o’clock the day before my booked session, or Friday for a Monday booking, if my child will not attend their class in order to receive a make-up session **Yes No**

I will forfeit the class if cancellation notice is not given **Yes No**

I will collect my child within the booked time **Yes No**

I will pay \$10 for the first 10 minutes then \$1 for every minute thereafter, if late picking up my child as per booking **Yes No**

I will collect or make arrangements for the collection of my child if she/he becomes unwell at Inspiring Minds Studio **Yes No**

I will contact Inspiring Minds Studio if I am unable to collect my child/ren at the agreed booked time and provide alternative arrangements **Yes No**

I will advise of any infectious conditions my child/ren has **Yes No**

I will keep my child/ren at home if he/she is unwell **Yes No**

I will immediately notify Inspiring Minds Studio staff of any changes of address, telephone number, emergency contacts or other circumstances which may affect the care of my child **Yes No**

I will provide any preventative medication every time my child is in care. e.g. asthma pump, anaphylactic pen (if applicable) **Yes No**

I give permission for my child to be photographed and that photograph to

a) be placed within Inspiring Minds Studio and shared with me on Class Dojo **YES NO**

b) appear on Inspiring Minds Studio’s website and social media **YES NO**

c) appear in marketing material **YES NO**

Child Name: _____

Parent/Guardian signature _____

Date _____

PRIVACY POLICY

Inspiring Minds Studio acknowledges and respects privacy of individuals. The information being collected on this document is for the purposes of processing your enrolment at Inspiring Minds Studio, providing you with updated information and assisting us to improve our services to you. By completing this form, Inspiring Minds Studio accepts that the parents/guardians of the child have consented for this information to be collected. The intended recipients of this information are Inspiring Minds Studio, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001)