



HNB LONG DAY CARE & PRE-SCHOOL

32 Anderson Avenue, Mt. Pritchard NSW 2170

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Service Provider No. 555-002-345C

PARENTS AUTHORISATION General

I, *(insert full name)* _____

of *(insert address)* _____

being a Parent/Guardian and having full custody of *(insert child's name)* _____

currently enrolled at the HNB Long Day Care & Pre-School Centre, located at 32 Anderson Avenue, Mt. Pritchard, NSW 2170, do hereby authorize the Director, and/or staff and/or agents of the Children's Centre the following:

1. To take a photo of my child for display in the room/foyer with proper identification.
2. To take a video of my child to be used only for viewing within the centre and not to be used in any public or commercial undertaking. No copies should be made and/or provided to others without my prior consent.
3. To take my child on walking trips outside the centre, on the understanding that I will be informed in writing, prior to the scheduled excursion event or activity.
4. I understand the Centre's fee policy and agree to pay my child's/children's school fees including two weeks advance as discussed at the time of enrolment. I also understand that non-payment of the Centre's fees may result in the cancellation of my child's/children's enrolment at the Centre.

I agree to abide by the rules and policies of HNB Long Day Care and Pre-School Centre and afford them my full cooperation to the best of my ability.

Parent's Name: _____ **Signature** _____

Date: _____