



**COMPLYING WRITTEN ARRANGEMENT**

**FAMILY NAME REGISTERED FOR CCS:** \_\_\_\_\_

**CHILD NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **CHILD CRN:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT CRN:** \_\_\_\_\_

**Is this child related to the educator?**     Yes     No

**DATES CARE REQUIRED - Start Date (Monday):** \_\_\_\_\_ **End Date (Sunday):** \_\_\_\_\_

**EXACT WEEKLY DETAILS**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
<b>Start</b>									
<b>End</b>									
<b>Start</b>									
<b>End</b>								<b>Total Hours</b>	<b>Total Fee</b>
<b>Standard Hrs</b>									
<b>Non-Standard Hrs</b>									
<b>Food</b>									
<b>Travel</b>								(km)	
<b>Casual</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<b>TOTAL</b>	
<b>B/A School</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<b>Admin Levy Total Hrs (rounded to full hour)</b>			<b>Admin Levy (per hr)</b>
<b>Vacation</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
<b>Total Fee</b>		<b>Administration Levy (charged to full hour)</b>			<b>Liabe Fee (without CCS)</b>				

**WEEKLY FEE PAYMENT**

The liable weekly fee includes the total fee charged by the educator and the Administration Levy charged by the service. Parents are liable for the full fee every week and must agree to pay full fee if there are issues with their Child Care Subsidy. The weekly liable fee is as documented on this Complying Written Arrangement.

**By signing, the parent/guardian agrees to the following:**

- I have read and received a copy of the Service Fees and Charges Policy.
- I agree to abide by the *Complying Written Arrangements* section of the Service Fees and Charges Policy.
- I understand I must complete a new Complying Written Arrangement within seven days of change to an arrangement for care.
- I understand that if the child has a casual day with the educator, the casual hourly rate will be charged.
- I understand the Administration Levy is charged to the nearest **full** hour.
- **I agree to pay the above stated Liabe Fee to the educator on time, every week.**

*The family is liable for the full fee if there are issues with Child Care Subsidy, and by signing this agree to pay the liable fee.*

**Educator Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

Date booking entered: \_\_\_\_\_ Booking entered by: \_\_\_\_\_