

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		
Start									
End									
Start									
End								Total Hours	Total Fee
Standard Hrs									
Non-Standard Hrs									
Food									
Travel								(km)	
Casual	<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	TOTAL	
B/A School	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
Vacation	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				

Total Fee	Administration Levy (charged to full hour)	Liabe Fee (without CCS)

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: _____