



Agreement Between  
(Insert Parent/Guardian Name)

And

For the care of  
(Insert Child's Name, Address and Date of Birth)

To commence on  
(Insert Start Date)

**Booking Preferences**

Please check the box for each day you would like your child to attend on a routine basis and write approximate arrival and departure times underneath. Care offered under this Agreement is 'casual care' if specific days your child will attend are not selected.

| Days                       | Before School Care<br>Arrival Time | After School Care<br>Departure Time | Vacation Care<br>Arrival and Departure Time |
|----------------------------|------------------------------------|-------------------------------------|---|
| Standard Operational Hours |                                    |                                     |   |
| Monday                     | <input type="checkbox"/>           |                                     |   |
| Tuesday                    | <input type="checkbox"/>           |                                     |   |
| Wednesday                  | <input type="checkbox"/>           |                                     |   |
| Thursday                   | <input type="checkbox"/>           |                                     |   |
| Friday                     | <input type="checkbox"/>           |                                     |   |

**Fee Schedule**

The Service's fee schedule and billing frequency is listed below. Please note that fees listed are full fees and do not reflect any subsidies that you may be entitled to. Changes to the Fee Schedule will occur from time to time and families notified of all changes in writing

**Billing Frequency:**

**Our Service offers the following  
payment options**

**In consideration of enrolling my child at the Service I, the undersigned, do hereby acknowledge and agree that:**

1. My child must be signed in upon arrival and signed out before departure by a responsible adult each time they attend.
2. An Educator must be informed that my child has arrived and has been signed in at the Service.
3. My child will only be released in to the care of an Authorised Nominee (as listed on page 6 of the Enrolment Form). The Authorised Nominee collecting my child must notify an Educator that they are leaving the premises.
4. In the event that I require an alternate person to collect my child, that person must bring photo ID and show this to an Educator before collecting the child.
5. I am required to notify the Service as soon as possible if my child will be absent on a Booked Day
6. A minimum of 2 weeks' written notice must be provided when cancelling enrolments.
  - a. In lieu of 2 weeks' written notice being given, 2 weeks' fees (at a full fee rate) will be charged.
  - b. Should my child finish at the centre on an `absence' this day and any absences immediately preceding this will be charged at the full daily fee rate.

**In relation to account management and the payment of fees I, the undersigned, do hereby acknowledge and agree that:**

1. I, as the nominated person(s) responsible for paying the account, agree to pay all fees in accordance with the Service's Policies and Procedures. I understand that if fees fall in to arrears my account may be referred to a debt collector. If this occurs I understand that I will be liable for all legal and administrative costs incurred by the Service in administering the liquidated debt and acknowledge and agree to indemnify the Service of these costs.
2. I the parent/guardian agree that the information provided in this application is true and correct and can be relied upon by the Service.
3. I the parent/guardian agree to notify the Service immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within 7 days of the date of such a change.
4. I understand that fees are payable in advance. All accounts that do not have a zero balance prior to the next statement run will incur an *Overdue Account Fee*. Fees are payable as per the enrolment agreement regardless of whether a statement is issued.
5. I the parent/guardian agree to pay outstanding fees and cancellation fees where applicable together with all debt recovery expenses including fees, court costs, legal fees reasonably incurred by the Service.
6. In the case of a default of payment, I the parent/guardian acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to the collection agency for legal recovery action.
7. I understand that in the case of a default on payments for child care fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty days or until paid.
8. I the parent/guardian acknowledge that care may be refused in the case of a default.

*Paragraph 85BA(1)(b) of the Family Assistance Act provides that an individual is eligible for CCS where, among other requirements, the individual has incurred a liability to pay for a session of care under a complying written arrangement. Such an arrangement must clearly establish a liability to pay for sessions of care in order for an individual to be eligible for CCS for a session of care.*

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|                               |      |   |
|-------------------------------|------|---|
| 1st Parent/Guardian signature | Date |  |
|-------------------------------|------|---|

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|                               |      |   |
|-------------------------------|------|---|
| 2nd Parent/Guardian signature | Date |  |
|-------------------------------|------|---|

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|                                  |      |   |
|----------------------------------|------|---|
| Service Representative Signature | Date |  |
|----------------------------------|------|---|