The Service Provider and Enrolling Parent hereby agree to this CWA. By entering into this arrangement, the Enrolling Parent agrees to pay the Service Provider for the sessions of care to be provided as stated in this CWA.

|  |  |
| --- | --- |
| **EDUCATOR NAME:**  (On behalf of service Provider) |  |
| **SERVICE PROVIDER:** | Holistic Approach Family Day Care (ABN 41 631 335 889)  Phone: 0439224712 |

**ENROLLING PARENT:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Email:** |  |

**CHILD DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Given Name:** |  | | |
| **Surname:** |  | | |
| **Sex:** | Male / Female | **Date of Birth:** |  |

**FLEXIBLE CARE:**

This is a flexible care arrangement under the new Child Care Subsidy package. Care under this arrangement does allow for the flexibility to pick up addition casual days subject to availability with the educator.

**FEES:**

A current fee schedule can be obtained from your educator outlining the cost of fees for the childcare requirements you have under this contract. Fees charged under this arrangement are subject to vary – however 2 weeks’ notice will be given to families before any changes are made.

**AGREEMENT:**

* All parents who are Australian residents are eligible to apply for Child Care Subsidy (CCS). A child and customer CRN number must be provided to enable Holistic Approach FDC to process these benefits. If this information is not provided or if this information does not return from Centrelink with a valid CCS % FULL FEES will be charged and direct debited.
* Fees are payable whenever a child is absent from care for any reason, including sickness and annual leave.
* Parent Levy is an additional charge on top of the Holistic Approach fee schedule. This is added to your invoice and direct debited as part of your child’s fees.
* Parent / Families will be charged in accordance with the schemes fee schedule.
* CCS is paid for up to 42 absences per financial year. A record of these absences is kept by Holistic Approach FDC Scheme~~.~~ Documentation is required for absences over the 42 days.
* Any changes required to this contract is to be provided to Holistic Approach Family Day Care Scheme before the new contract starts.
* Fees are direct debited from the Parent/ Families nominated bank account weekly.
* Where direct debits fail, contact will be made to the Parent/ Family on the enrolment form to make arrangements to pay these fees.
* If contact cannot be made, and additional $40 late payment fee will be added to the invoice, and charged in the next statement cycle.
* Any breach of this contract may result in termination of care arrangements and full fees may be payable for the termination period.
* Bond amounts paid are only refunded where the final fees are paid.
* All parties will be provided with a copy of the current scheme fee schedule.
* Any changes to family’s individual circumstances can only be dealt with by families through Centrelink personally. Privacy laws will not allow Holistic Approach Family Day Care Scheme to obtain information about individual circumstances.
* Information on the timesheet must be true and correct and the times must reflect the actual time of drop off and pick up.
* Providing misleading information is considered fraud.

**CONTRACT ARRANGEMENT:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE CONTRACT COMMENCES:** | | |  | | | | | | |
| **HOURLY RATE INCLUDING PARENT LEVY** | | |  | | | | | | |
| **BOND PAYABLE:** | | |  | | | | | | |
| **PROVISION OF CARE:**  **(Please tick relevant option)** | | | □ Permanent / Routine Booking  □ Commencement of Care  □ Change in Booking hours  □ Casual or flexible hours  □ Roster Care | | | | □ Change of Educator  □ Change of Fee Schedule  □ Vacation Care  □ School Term Only | | |
|  | **MONDAY** | **TUESDAY** | | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | | **SATURDAY** | **SUNDAY** |
| **IN** |  |  | |  |  |  | |  |  |
| **OUT** |  |  | |  |  |  | |  |  |
| **IN** |  |  | |  |  |  | |  |  |
| **OUT** |  |  | |  |  |  | |  |  |
| **TOTAL HOURS** |  |  | |  |  |  | |  |  |

**SIGNATURES:**

|  |  |  |
| --- | --- | --- |
|  | **SIGNATURE** | **DATE** |
| ENROLLING PARENT SIGNATURE: |  |  |
| EDUCATOR SIGNATURE: |  |  |