

HOLISTIC APPROACH FAMILY DAY CARE

COMPLYING WRITTEN ARRANGEMENT (CWA)

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:	

THIRD PARTY CONTACT PERSON: (IF PARENT CANNOT BE CONTACTED)

Name:	
Address:	
Phone Number:	
Email:	
Relationship:	

CHILD DETAILS:

Given Name:			
Surname:			
Sex:	Male / Female	Date of Birth:	

THIRD PARTY CONTACT PERSON

In the event that fees are not paid and contact cannot be made with parent/guardian, Holistic Approach Family Daycare will make contact with your Third Party Contact Person and discuss unpaid fees.

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 additional 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 **1 week** 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 no contact can be made, the Third Party Contact Person will be called.**
- If contact cannot be made, and additional late payment fee as per the fees and charges policy 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.
- **If fees go unpaid and contact cannot be made with either family or Third Party contact Person, Holistic Approach will engage a debt collection agency to follow up. Please note that this may incur legal costs for the family, should the account go unpaid.**
- Bond amounts paid are only refunded where the final fees are paid.
- All parties will be provided with a copy of the current Educator's 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.

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CONTRACT ARRANGEMENT:

DATE CONTRACT COMMENCES:							
HOURLY RATE INCLUDING PARENT LEVY							
BOND PAYABLE:							
MINIMUM HOURS: (This must reflect in hours booked)							
PROVISION OF CARE: (Please tick relevant option/s)	<input type="checkbox"/> Permanent / Routine Booking <input type="checkbox"/> Commencement of Care <input type="checkbox"/> Change in Booking hours <input type="checkbox"/> Casual or flexible hours <input type="checkbox"/> Roster Care			<input type="checkbox"/> Change of Educator <input type="checkbox"/> Change of Fee Schedule <input type="checkbox"/> Vacation Care <input type="checkbox"/> School Term Only			
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
IN							
OUT							
IN							
OUT							
TOTAL HOURS							

SIGNATURES:

	SIGNATURE	DATE
ENROLLING PARENT SIGNATURE:		
EDUCATOR SIGNATURE:		

****Please note:**

By signing this contract, you are agreeing to pay all fees, levies and any legal costs that may incur should fees go unpaid.