**Holistic Approach Family Day Care Scheme Fee Schedule National VICTORIA:**

*(1st July 2019 – 30th June 2020)*

**Scheme ABN:** 877 992 586 17 **Service Approval Number: SE-40001306**

**Educator Name:**

**Educator Service Name:**

**Educator Address:**

**Days and Hours of Operation:**

Holistic Approach Family Day Care Scheme is the Approved Provider for Child Care Subsidy. The educator is authorised to collect fees on behalf of the FDC Scheme.

A parent administration levy of $1.30 per hour per child of Education and Care is charged and is **not** included in the fees set out below. The levy is to help meet the cost of recruiting, supporting and monitoring educators in providing a quality education and care environment, assisting families with care requirements and processing Child Care Subsidy.

**Child Care Subsidy:**

Family’s individual entitlements in relation to Child Care Subsidy will be deducted from the full fee (including parent levy).

**Fee Guide Schedule:**

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| --- | --- |
| **FEES** | **AMOUNT** |
| Parent Levy: | $1.30 per hour per child |
| Permanent Booking Standard Hours 8am – 6pm |  |
| Permanent Booking Non Standard Hours 6pm – 8am  Casual Care non-school age standard hours  Casual care non-school age non – standard hours |  |
| School Aged Care (Before And After School Care) |  |
| School Aged Vacation Care |  |
| Casual Care school age |  |
| Public Holidays |  |
| Weekend Care |  |
| Overnight Care |  |
| Additional Fees |  |

**Terms and Conditions**

**Allowable absences** – Fees are payable for all care that is booked including absences for illness, family holidays and public holidays. The Australian Government will pay CCS for up to 42 absences per year.

**Permanent Care -** Permanent care relates to a booking made for the same days each week and must be paid whether or not the care is being used at this time.

**Standard Hours Care -**Standard hours of care is between 8am and 6pm Monday to Friday.

**Non Standard Hours Care -** Non standard hours care is between 6pm and 8am Monday to Friday.

**Weekend Care –** is care provided on Saturday and Sunday.

**Overnight Care –** is care provided during 6pm – 8am overnight

**Before and After School Care**  - Care provided for school aged children either before school commences or after school has finished during school times.

A minimum booking of \_\_\_\_\_ applies for BSC or ASC

**Vacation Care –** This is for care during school holiday times only for school children.

**Casual Care** – for care that is booked on a casual basis only.

**Public Holiday** - Usual Fees will apply for children who have regular booking when care falls on a Public Holiday.

If care is required on a public holiday for work related reasons a fee of \_\_\_\_\_\_\_\_\_\_\_ will apply. If the educator is unable to work alternate care will be sourced and fees will be payable to alternate educator.

**Bond –** an amount of \_\_\_\_\_is required for bond as a holding fee for care which will be taken off the amount due at the termination of care.

**Change of Contract of Care –** A minimum of 2 weeks notice applies to all bookings for change of contract of care.

**Travel –** Transport fees of \_\_\_\_\_ per trip apply for BAS school or preschool or where an educator collects or delivers a child from or to their home

**Food / Meals –** A Food Handling Certificate is required for educators who provide meals. A menu will be displayed and a charge of \_\_\_\_\_\_ for snacks and \_\_\_\_\_\_\_ main meals is payable.

**Other Charges / Additional fees: (please specify)**

|  |
| --- |
| **Late Collection Fee:**  A late collection penalty fee of \_\_\_\_\_\_\_\_ is charged for children who are collected from care outside of regular booked hours, without prior notice  NB. Child Care Subsidy is not claimable for late collection fees. These are charged per half hour block of \_\_\_\_\_\_\_ |

**TERMINATION OF CARE:**

Two weeks written notice is required to termination of care by families or by an educator or full fees are payable.

Enrolments who do not attend care during the final weeks of care and in particular the final day of care (therefore ending their attendance with an absence) will be charged full fees for this absence.

**SIGNATURE OF HOLISTIC APPROACH FAMILY DAY CARE EDUCATOR:**

**Educator’s Name:**

**Educator’s Signature:**

**Date Signed:**

**SIGNATURE OF HOLISTIC APPROACH FAMILY DAY CARE SCHEME REPRESENTATIVE:**

**Name of representative:**

**Signature:**

**Date:**