**Complying Written Arrangement for Child Care Subsidy**

Dear families, please confirm acceptance of the following items so that our Service can receive Child Care funding on your behalf and reduce your fees.

**Parties to the Agreement**

|  |  |
| --- | --- |
| Between | Insert Parent Guardian first name, last name and address |
| And | Insert Service Trading Name and ABN |
| For the Care of | Insert child first name, last name, DOB and start date |
| By | Insert name of service, address, phone number and email |

**Routine/ongoing care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Care Required  | Session start | Session end | Fee | Unit |
| Monday | yes/no |  : am |  : pm | refer fee schedule | Session |
| Tuesday | yes/no |  : am |  : pm | refer fee schedule | Session |
| Wednesday | yes/no |  : am |  : pm | refer fee schedule | Session |
| Thursday | yes/no |  : am |  : pm | refer fee schedule | Session |
| Friday | yes/no |  : am |  : pm | refer fee schedule | Session |

**Casual/flexible care**

|  |  |  |
| --- | --- | --- |
| Day | Fee | Unit |
| Any | refer fee schedule | Session |

I confirm:

* the details I have provided above are true and correct
* I have agreed to the days of care and the start and end times of these sessions
* care may be provided on a casual or flexible basis where available at the Service in addition to routine care and
* I am liable to pay fees for my child’s care as indicated above and in line with other information the Service makes available to me (such as a Fee Schedule) which are subject to change over time based on advice from the Provider.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

Date / /