



## Fee Charging Schedule – Commencing Monday 10th July, 2023

**Educators Name:** \_\_\_\_\_

Licensed and Registered Educator with Choices Family Day Care Service

<b>Address:</b>			
<b>Phone Contact:</b>			
<b>Email:</b>			
<b>Standard Hours:</b>	Monday to Friday (8am – 6pm)	\$	per hour/per child
<b>Non-Standard Hours:</b>	Monday to Friday (6pm – 8am) Friday 6pm to Monday 8am	\$	per hour/per child
<b>Casual Rate:</b> <i>(If applicable)</i>		\$	per hour/per child
<b>Late fee</b>	If you are late to collect your child, without notification a late fee will be charged; this is not eligible for CCS – please change booking if extra hours are required	\$	per 15 min/per child
<b>Travel:</b>	Dropping off or picking up a child/ren from Kindy, Schools and Home are as follows	\$	Per trip
<b>Holidays:</b> 42 Allowable Absences	Full fees are payable for all children’s absences e.g. <i>holidays, sick days, public holiday etc.</i>		
<b>Vacation Care:</b> School age children only	School age children only - Please book 2 weeks prior to holidays to secure your spot.		
<b>Public Holiday:</b>	When a child is absent on public holidays, booked care is charged at normal rate. If your child requires care on a public holiday my rate is:	\$	per hour/per child
	My nominated Show Day Holiday is -		
<b>Bond:</b>	Please discuss with your Educator; advance payment of a bond upon commencement		
<b>Change or Cancellation of Booking Agreement:</b>	Two weeks’ notice is required for any changes (or cancellation) to the booking agreement by either the educator or parent.		
<b>Food:</b>	Should food be required, an additional fee will apply?	Breakfast: \$	Morning/Afternoon Tea: \$
		Lunch: \$	Dinner: \$
<b>Service Levy:</b>	Service Child Levy of \$1.40 per hour/per child will be added to the above fees.		
<b>Payment of fees:</b>	Fees are to be paid weekly / fortnightly. <i>(Please circle your choice)</i> <b>Non-payment of fees will result in cancellation of care.</b>		
	Fees can be paid by direct debit. My bank details are: Name of Bank: _____ Name of Account: _____ BSB: _____ Account Number: _____		

### Parent Agreement

As parent/guardian of \_\_\_\_\_ I agree to the above schedule and conditions.

Parents Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For more information, please refer to the Service Handbook.*