



Account Details

Primary Parent/Carer's Details

Full Name: _____

Address: _____

Centrelink Reference Number : _____

Date of Birth: _____

Gender: _____

Relationship to Child: _____

Contact Numbers: M _____

H _____

Email Address: _____

Occupation: _____

Work Phone: _____

Organisation/Employer: _____

Hours of Work: _____

Work Address: _____

Country of Birth: _____

First (Primary) Language: _____

Second Language: _____

Cultural Background: _____

Religion: _____

Secondary Parent/Carer's Details

Full Name: _____

Address: _____

Centrelink Reference Number: _____

Date of Birth: _____

Gender: _____

Relationship to Child: _____

Contact Numbers: M _____

H _____

Email Address: _____

Occupation: _____

Work Phone: _____

Organisation/Employer: _____

Hours of Work: _____

Work Address: _____

Country of Birth: _____

First (Primary) Language: _____

Second Language: _____

Cultural Background: _____

Religion: _____

Does the child live with you? Yes No

Authorised Emergency Contacts

Authorised Contact 1

Authorities

Full Name: _____

Can drop off/collect child

 Yes No

Relationship to Child: _____

Contact in emergency

 Yes No

Address: _____

Consent to medical treatment

 Yes No

Contact Numbers: M _____

Authorisation for Bus Transport

 Yes No

H _____

Authorise Staff to take the child

 Yes No

W _____

outside the Service e.g.
excursions

Authorised Contact 2

Authorities

Full Name: _____

Can drop off/collect child

 Yes No

Relationship to Child: _____

Contact in emergency

 Yes No

Address: _____

Consent to medical treatment

 Yes No

Contact Numbers: M _____

Authorisation for Bus Transport

 Yes No

H _____

Authorise Staff to take the child

 Yes No

W _____

outside the Service e.g.
excursions

Written Arrangement

CCS Service ID: 190007939K

This Written Arrangement between _____ and Bay Island Early Learning & Care is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type
(please circle)

- | | |
|------|---|
| CWA | A Complying Written Arrangement (CWA) is an enrolment type used for families wishing to claim CCS now or in the future |
| RA | A Relevant Arrangement (RA) is an enrolment type used for families not wishing to claim CCS |
| ACCS | Additional Child Care Subsidy (ACCS) is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees |

Arrangement with an organisation is liable for the fees for the care of the child

I confirm that I am the 'primary account holder'. I understand and accept that as such I am responsible for adhering to all Bay Island Early Learning and Care Policies and Procedures

I agree that it is my responsibility to provide Bay Island Early Learning & Care with details, signed and in writing, of changes to any information given in this form, any enrolment and the child's detail forms, and I understand that my failure to maintain these accurate details may cause a serious risk in an emergency, to the safety and/or wellbeing of the child whose details appear in this form

I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays. I understand and accept that two weeks written notice is required for permanent changes to my child's bookings and for holidays to be charged at a reduced rate.

I agree to pay a late fee as outlined in the Family Handbook, in the event that my child is not collected by closing time/end session. In the event that a child is left at the Service after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.

I authorise the Staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature, in an emergency, after staff have attempted to contact parent/ caregivers to collect the child and have exhausted every other option. Regulation 93 - requires that a medical practitioner or emergency services is contacted for authorisation in the event that the child's parents cannot be contacted. **Please note that this does not mean your child can stay at the Service. Once paracetamol is administered your child must be collected.**

I authorise Bay Island Early Learning & care, to seek medical attention and/or transport the child in an ambulance in the event of an emergency.

I agree that either I or Bay Island Early Learning & Care may, at any time and without providing reason, terminate this contract by providing a written signed notice of intention to do so, giving a minimum of 2 weeks' notice from which, such termination takes effect; I understand that my child/children MUST attend on their last notified day of attendance, or I will be ineligible for Child Care Subsidy on this and any prior absence days. I give permission for the full amount of any outstanding fees to be deducted via centrepay.

I have provided accurate and up to date information on this Written Arrangement. I agree to the terms of this contract.

Name:

Signature:

Date of Arrangement:

/ /