

FAMILY DAY CARE BOOKING

PARENT NAME			
ADDRESS			
PHONE	(H)	(W)	(M)
EMAIL			
CHILD'S NAME			
EDUCATOR NAME			

Days and times commencing from Monday ___/___/___

All bookings allow for casual spots if available

	MON	TUE	WED	THURS	FRI	SAT	SUN
AM							
PM							
AM							
PM							

Fee Schedule:

DESCRIPTION	HOURS	FEE & ADMIN LEVY
Standard Hours		
Non Standard Hours		
Other Hours (please list)		
TOTAL FEE PER WEEK <i>(Before Child Care Subsidy)</i>		\$

I agree to pay a weekly fee, cash in advance, and the nominated fee for any overtime rate incurred for the above agreed hours stated.

I will complete a new booking for any change in the days/hours/fees. Unless the booking is completed and signed, care may be refused or unavailable.

PARENT SIGNATURE		Date	
EDUCATOR SIGNATURE		Date	

APPROVED BY CO-ORDINATION UNIT _____ DATE ___/___/___

(Copy to be kept by Parent, Educator and FDC Office)



eurobodalla
shire council