

Please note: A \$40 non refundable family re-enrolment / enrolment fee will be applied to your account upon processing of re-enrolment / enrolment for the new year.

Child Care Subsidy (CCS) Enrolment Agreement – 2024 Enrolment Form

As part of your enrolment at our service, we require you to confirm acceptance of the following items in order to be eligible to receive Government funding if available. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement. Please read these items and confirm via the checkbox your acceptance of these items.

- I confirm that my details in this enrolment form as well as the details of the child I am enrolling are correct.
- I confirm I have agreed to days of care with this service and understand the start and end times of care provided.
- I confirm that care may be provided on a casual or flexible basis where available at my service at my request.
- I confirm that I understand the usual fees associated with the care of my child/ren which may vary from time to time.

Please tick here to indicate that you have read and confirmed the CCS Enrolment Agreement with this service.

Please note that your child/ren must attend the first and last day of their booking or CCS will not apply.

Booking Request: Please indicate your requirements

Casual only (including Vacation Care)

Permanent: Weekly Please indicate below which permanent days you require to book your child/ren in for each week.

Permanent: Fortnightly Please email your fortnightly requirements through to Corri at goshc@gumdalesspc.org.au as well as this signed form.

Children: Please list all children, grade and start date of bookings (including casual)

Child 1 Name: _____ Start Date: _____ Grade: _____

Permanent weekly request- BSC: M Tu W Th F ASC: M Tu W Th F

Child 2 Name: _____ Start Date: _____ Grade: _____

Permanent weekly request- BSC: M Tu W Th F ASC: M Tu W Th F

Child 3 Name: _____ Start Date: _____ Grade: _____

Permanent weekly request- BSC: M Tu W Th F ASC: M Tu W Th F

Parent/ Guardian Acknowledgement

Name: _____ Signature: _____ Date: ____/____/____

Office Use Only

Date Received

Bookings Entered

\$40 re-enrolment fee charged