



ENROLMENT BOOKING FORM

Child's Full Name: _____ **Date of Birth:** _____

Name of Parent/Guardian entering into this arrangement: _____

CHILD CARE SUBSIDY (CCS)

To be best of your knowledge please tick which category applies to you and your family. Remember when you calculate hours to include time traveling from the centre to work and return and any unpaid hours such as an unpaid lunch break during the day. Include all paid and unpaid work, volunteering, work in a family business, training and study.

Step	Hours of Activity (per fortnight)	Maximum number of hours of subsidy (per fortnight)	✓
	Less than 8 hours (for a family earning over \$70,015)	No eligibility	
	Less than 8 hours (for a family earning up to \$70,015)	24 hours	
1	8 hours to 16 hours	36 hours	
2	More than 16 hours to 48 hours	72 hours	
3	More than 48 hours	100 hrs	

Please ensure you accurately reflect these hours with Centrelink or through your MyGov account so that you are eligible to receive the correct hours of CCS.

Please tick below the care arrangements you wish to enter into:

Please select Flexible if you wish to have routine days and also the possibility of any casual care days in the future. Note this will default to "flexible" if not selected

Routine Care	Care that can only occur on the specified days that have been agreed to. There can be no flexibility for changing agreed arrangements with the family.	
Casual Care	Entirely casual under an agreement that does not specify which specific days a child will attend care from week to week	
Flexible Care	Care under an agreement that allows for some flexibility from week to week surrounding a set of agreed routine days.	

Do you wish to have additional casual days in addition to the above regular days? * **YES NO**

* If you select "no" then CCS may not be payable for days in addition to the above regular days.

* If you select "yes" then you must also have selected FLEXIBLE CARE in the earlier selection.

Requested attendance to commence from: (insert date) _____

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Session start time					
Session end time					
Total hours of session					
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
Session start time					
Session end time					
Total hours of session					

Does your child currently also attend another education and care service or family day care provider? Yes No How many hrs/fortnight? _____

Please note that your total eligible CCS hours will be shared across any other services used. If you are claiming CCS at another service your eligibility to CCS hours at our service may be reduced.

Please confirm that you are responsible for the payment of your fees: **YES NO**

If someone else is responsible for the payment of your fees please complete below:

Name of Person Responsible	Contact Details	Address

As a 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 to you. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement(CWA) to enable you to receive Child Care Subsidy (CCS) where eligible. Please read these items and confirm your acceptance of these items:

✓	Terms of Enrolment
	<ul style="list-style-type: none"> I confirm that all details in the enrolment form and this form are correct
	<ul style="list-style-type: none"> I confirm I have agreed to days of care with this service/s and understand the start and end times of the care provided
	<ul style="list-style-type: none"> I confirm that care may be provided on a casual or flexible basis where available at my service/s at my request. To be eligible for CCS on additional days or different days I must request this in writing and may need to “approve” these changes in myGov
	<ul style="list-style-type: none"> I confirm I understand the fees associated with the care of my child. I understand that any hours used outside of my booked session hours will result in additional fees. I understand that these fees may vary from time to time and that I will be provided with at least 14 days’ notice of any change in fees.
	<ul style="list-style-type: none"> Where I am not eligible for Government subsidies, do not want to receive Government subsidies or have an alternate arrangement (eg: my employer is paying my child care fees), I will notify the Nominated Supervisor immediately
	<ul style="list-style-type: none"> I agree that any attendance hours outside of my booked sessions will result in additional hours charged which may or may not be eligible for CCS deductions depending on my eligible hours.
	<ul style="list-style-type: none"> I understand that I am responsible for the full fee less any subsidies I may be eligible for and I acknowledge that should my eligible subsidies change it will result in a change in the gap fee required to be paid to the service. This may occur where I update my hours of work/study, my income or where Centrelink makes changes. I further acknowledge that I must discuss any changes to my CCS with Centrelink directly.

Full Name of Enrolling Parent/Guardian eligible for CCS: _____

Signature: _____ Date of Agreement: _____



Service Authorised Staff Member Full Name: _____

Signature: _____ Date of Agreement: _____