

PRIVACY STATEMENT

Wollondilly Shire Council collects information for the proper care of your child. Under some circumstances Council may have to give this information to other government authorities. You can request to view or change your information. Please contact Council's Privacy Contact Officer for more Information (4677 1100).

Please fill in one per family.

PARENT/CARER'S NAME:

CHILD CARE SUBSIDY (CCS)

Are you currently receiving CCS? **Yes / No** (Please circle)

Number of children you are receiving CCS for:

Do you have **other** children currently receiving any form of approved childcare outside of Council's Year Round Care services? **Yes / No** (Please circle)

If 'Yes', please complete the following (failure to complete will affect your CCS rates):

Number of children in care elsewhere:

All families that wish to claim CCS will be required to register through **myGov** by accessing their Centrelink online account or through the **Express Plus Centrelink mobile app**.

For any further information telephone 13 61 50, visit a Centrelink Office or the website www.education.gov.au/childcare.

BOOKINGS

It is your responsibility to ensure all enrolment details are updated before your child/children attend this Service.

All booked care must be paid for. We do not accept cancellation of your original booking.

Please be aware that if your child/children do not attend their last day of booked care you will be charged full fees for any absence immediately before and including that last day absence. CCS is not claimable for any last day absences. If your child/children return to care the following Vacation Care period the absences will be backdated and CCS will be applied to the absences and credited to your account.

PTO 

Please tick the applicable days for each child being booked into this service. If you are booking in more than 4 children, please see the Centre coordinator for a second contract.

CHILD 1

Child's name: _____

	Mon	Tue	Wed	Thur	Fri
Thurs 19/12/19 – Fri 20/12/19					
Mon 23/12/19 – Fri 27/12/19					
Mon 30/12/19 – Fri 3/1/20					
Mon 6/1/20 – Fri 10/1/20					
Mon 13/1/20 – Fri 17/1/20					
Mon 20/1/20 – Fri 24/1/20					
Mon 27/1/20 – Fri 31/1/20	P/H				

CHILD 2

Child's name: _____

	Mon	Tue	Wed	Thur	Fri
Thurs 19/12/19 – Fri 20/12/19					
Mon 23/12/19 – Fri 27/12/19					
Mon 30/12/19 – Fri 3/1/20					
Mon 6/1/20 – Fri 10/1/20					
Mon 13/1/20 – Fri 17/1/20					
Mon 20/1/20 – Fri 24/1/20					
Mon 27/1/20 – Fri 31/1/20	P/H				

CHILD 3

Child's name: _____

	Mon	Tue	Wed	Thur	Fri
Thurs 19/12/19 – Fri 20/12/19					
Mon 23/12/19 – Fri 27/12/19					
Mon 30/12/19 – Fri 3/1/20					
Mon 6/1/20 – Fri 10/1/20					
Mon 13/1/20 – Fri 17/1/20					
Mon 20/1/20 – Fri 24/1/20					
Mon 27/1/20 – Fri 31/1/20	P/H				

CHILD 4

Child's name: _____

	Mon	Tue	Wed	Thur	Fri
Thurs 19/12/19 – Fri 20/12/19					
Mon 23/12/19 – Fri 27/12/19					
Mon 30/12/19 – Fri 3/1/20					
Mon 6/1/20 – Fri 10/1/20					
Mon 13/1/20 – Fri 17/1/20					
Mon 20/1/20 – Fri 24/1/20					
Mon 27/1/20 – Fri 31/1/20	P/H				

PARENT DECLARATION:

I hereby declare that the information contained on this contract is true and correct to the best of my knowledge and I agree to the fee conditions of Wollondilly Year Round Care.

Signature: Date:

Staff Member's Signature: Date: