



## Let's Go Oshc Wandin Yallock

### Service / Parent agreement

- I agree to notify the service provider of any changes in booked days (see Booked Days Form)
- Any changes to my working status, living arrangements, or care arrangement for my child will be forwarded onto the service provider in writing
- I agree to give OSHC staff or the service provider at least 2 weeks' notice when intending to take holidays, and understand that full fees will be charged in my child's/children's absence (see intended holidays form)
- I agree to notify OSHC as soon as possible when my child is unwell, and unable to attend care, I also understand that full fees will be charged
- I agree to notify the service provider if my child contracts a contagious illness, and understand that my child will not be permitted back into care unless I have obtained a clearance letter from my doctor.
- If my child has not been immunised, I agree to keep my child away from care during any outbreak of any illness on the immunisation schedule
- Should my child's health or tolerances change while my child is in care, I agree to notify the service provider, providing the appropriate documentation.
- I agree to give the service a minimum of 2 weeks' notice of ceasing care.

#### **I agree to pay:**

- I agree to pay the service all fees incurred through care for my child/children
- I agree to pay any additional hours/days outside my normal booked hours/days when care has occurred for my child/children
- I understand that full fees occur in the case of illness, or absence of my child from care
- I understand that no fees apply if the service is closed, and unable to provide care
- I understand that if a public holiday falls on a day my child/children is booked into care that full fees apply
- **All fees are due within 7 days of issue of invoice. Failure to do so will result in cease of care until fees are paid in full, in which time your child's spot in the service is not guaranteed.**

**Extras:**

- I understand the importance of discussing and working with staff (and the service provider if applicable) in relation to any care requirements in relation to my child.
- Should an emergency occur and I am not contactable, I agree to my child being relocated to a safer location
- I acknowledge that abusive and threatening behavior will not be tolerated towards any educator or member of Lets Go Oshc Wandin Yallock at any time. Such behavior will render the immediate cease of care for my child/children, and any fees past and current will become immediately due.

I..... **Parent/guardian of** .....  
**whom is registered for care at Let's Go Oshc Wandin Yallock, have read, understood, and agree to all matters outlined within the service/parent agreement.**

**Signed:** ..... **(Parent/guardian)**

**Date**        /        /

**Signed in acknowledgment** ..... **(Service provider)**

**Date**        /        /