



EDUCATOR - PARENT FEE AGREEMENT

Educator Name: _____

| STANDARD HOURS CARE (BETWEEN 8.00AM & 6:00PM) | FEE PER HOUR |
|--|--------------|
| 0 - 5 YEARS | |
| Before and After School Care | |
| Vacation / Holiday Care | |
| NON-STANDARD HOURS CARE (BEFORE 8.00AM & AFTER 6:00PM) | FEE PER HOUR |
| 0 - 5 Years | |
| Before and After School Care | |
| Vacation Care | |
| WEEKEND CARE | FEE PER HOUR |
| Weekend Care (Saturday & Sunday) | |
| CASUAL CARE | FEE PER HOUR |
| 0 - 5 Years | |
| Before and After School Care | |

Note: Fees indicated in table above include an administration fee of \$1.25 per hour per child plus compulsory workers compensation contributions from 1 September 2018 to meet ACT Government requirements.

I agree to the above Educator Fee Schedule to be effective from _____.

| No. | Parent Name | Parent Signature |
|-----|-------------|------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |