



# COMPLYING WRITTEN ARRANGEMENT

Child: \_\_\_\_\_

Arrangement Start Date: \_\_\_\_\_

Educator: \_\_\_\_\_

### Child Details

Child Name	
Child Date of Birth	
Child CRN	
Child Enrolment ID	

### Signing Parent

Parent Name	
Parent CRN	
Address	
Phone	

### Provider Details

Provider Name	Genesis Professional Services Pty Ltd
Provider Email	info@genesishdc.com.au
Phone	02 6291 7101
Service Name	Genesis Family Day Care Services

<b>Care Arrangements Type (Choose one only)</b>	
Routine Sessions Only	
Casual Sessions Only	
Routine with Casual Care Permitted	

Care Times	Mon	Tue	Wed	Th	Fri	Sat	Sun
Week 1							
Week 2							
Fee (\$ / hr)							

**Note:** Fees are as shown above, or as per Educator Fee Schedule

Parent Name:

Parent Signature & Date: