



## PARENT LEAVE AND EDUCATOR AGREEMENT FORM

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Educator's Name: \_\_\_\_\_

Dates away:        /        /        to        /        /

I hereby agree that the holding fee charged by my Educator in my child's absence for this period will be \$\_\_\_\_\_.

	Total Fees	CCB / CCR	Total Parent Payment
Week One	\$	\$	\$
Week Two	\$	\$	\$
Week Three	\$	\$	\$
Week Four	\$	\$	\$
Week Five	\$	\$	\$
Week Six	\$	\$	\$

These amounts are subject to change if any of the following occur while the child/ren are on holidays; the Educator being unable to work for any of the contracted days or if the parent/guardian terminate care.

I \_\_\_\_\_ (Parent/Guardian's name) **understand that if I am to terminate care while on leave and my child does not return to care I am not entitled to receive any CCB or CCR entitlements for the absent days and I will have to pay the full fees for this period.**

Parent/Guardians Signature: \_\_\_\_\_ Date:    /    /

**Educator: Please attach this to the first timesheet that holidays will commence on**

**Professional Child Care in a caring Home environment**

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