

Shooting Stars Early Learning Centre
ABN: 29 625 242 962
8 – 10 Elizabeth Street
Cranbourne North VIC 3977

Phone: (03) 5995 7084

Email: shootingstarscranbourne@gmail.com Website: shootingstarselc.com.au

COMPLYING WRITTEN AGREEMENT FORM

PLEASE FILL OUT ALL SHADED AREAS AS THESE ARE REQUIRED FIELDS. PLEASE DO NOT USE TERMS SUCH AS "NOT APPLICABLE", "N/A", "AS ABOVE"

Child's Given Name			Child's Family Name			
Date of Birth	1	I	Date of Arrangement		1	1
Parent's Given Name		Parent's Family Name				
(a) Attendance (routine	e with casual)	Yes (Please tick)	No (b) If no, Casual or Routir	ne		
Please tick the days of care that you require		Day	Start T	ime	End Time	
		Monday			-	
		Tuesday				
		Wednesday				
		Thursday				
		Friday				
☐ I understand that the fees charged by the child care service are available and displayed in the foyer and are also available on the website. ☐ I understand that the fees charged may vary at the discretion of the child care service.						
Parent's Signature				Date		
Comments:						