

Signature:

Date:

Children's Contact Service Agreement

Each parent is required to read the Information Booklet and sign the Service Agreement before Supervised Visits can proceed. Please email completed form to admin@indigofamilyconnections.com.au All information will be kept confidential. Service Requested: Supervised Contact (Centre Based) Supervised Contact (Community Based) Facilitated Changeovers Respite Agreement ☐ I have read the Children's Contact Service Information Booklet and agree to abide by the guidelines as stated within the booklet 1. I will act in a respectful manner toward all involved (child, staff and other parent). 2. I agree to follow directions provided by the Supervisor. 3. I agree to arrive and depart the centre according to map directions. 4. I agree that fees will be paid prior to service provision and that contact will be cancelled if payment has not been received. I understand and accept this Service Agreement for the Children's Contact Centre. Name:

Please feel free to contact us if you have any further questions on 0474 196 375 or admin@indigofamilyconnections.com.au