

Flagstone Outside School Hours Care Booking Form 2012

***Please note:** A parent or guardian who has lawful authority in relation to the child must complete this form. Please notify the Co-ordinator of any change of address, phone number or care arrangements.

Child Details

Tick box if CRN is supplied

Child's Full Name: _____	*Child's C.R.N _____	<input type="checkbox"/>
Child's Full Name: _____	*Child's C.R.N _____	<input type="checkbox"/>
Child's Full Name: _____	*Child's C.R.N _____	<input type="checkbox"/>
Child's Full Name: _____	*Child's C.R.N _____	<input type="checkbox"/>

Child Care Booking

Please tick the days your child will be booked into **before school care**

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

Please tick the days your child will be booked into **after school care**

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

Casual Childcare

Please tick this box if you require only **CASUAL** care **NOTE:** care may not always be available

Childcare Benefit

Please tick this box if you have other children attending an Approved Childcare service. If so, please inform OSHC administration with the relevant details.

PARENT AGREEMENT

I/we hereby agree to the days indicated above for my child/ children to attend Outside School Hours Care for the period from

____/____/____ to ____/____/____

I/we acknowledge that full fees will be charged should NO notification of absence be given when my child/children are absent from either session for which they are booked.

I/we acknowledge the Outside School Hours Care cancellation policy and agree to give the prescribed notice periods that are required for any cancellations to this booking form as per the Booking and Payment Policy.

I/we agree that the information supplied on this form is current and up to date

I/we understand that it is my responsibility to notify the services of any changes to booking details

I/we agree to pay the scheduled fees for the bookings nominated above as per the Outside School Hours Care Booking and Payment Policy.

Parent/Guardian Signature: _____ Date: ____/____/____

OFFICE USE ONLY

Date Received:

Date Entered:

By Whom:

OSHC BOOKING FORM 2012