

OSHC Complying Written Arrangement

Booking Form Term 2, 2019



Enrolling Parent/Guardian Name: _____

Contact Details: _____

Period of Care: ___/___/___ to ___/___/___ Type of Care: Permanent (*inc.rostered days*) Flexible

Child/ren Details

Name: _____ Date of Birth: ___/___/___

Name: _____ Date of Birth: ___/___/___

Name: _____ Date of Birth: ___/___/___

Fee Schedule

Before School Care	\$13
Before School Care Casual	\$16
After School Care to 4.30pm	\$13
After School Care to 6pm	\$24
After School Care Casual	\$26

I am eligible to receive CSS or additional CCS:

Signed: _____ Date: _____

Before School Bookings (7.30 – 8.30am)

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

After School Bookings (3.30 – 4.30pm/6pm)

Please detail time care is required until for each day: (4.30pm or 6pm)

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

Please return this form by 29 April 2019 to OSHC or email to oshc@stjohns.sa.edu.au

Learning to Soar