



Sherwood State School OSHC - Booking Form 2020

Confirmation of Childcare Agreement

Parties to the Agreement are between:

Parent/Guardian 1. Name: _____

Parent/Guardian 2. Name: _____

Address: _____

Email Address: _____

Phone Details: _____

And Sherwood State School Parents and Citizens Association, ABN 4986 6132 17956 (Approved Provider)

For the care of:

Child/ren's Full Name	Date of Birth	Grade
1)	/ /	
2)	/ /	
3)	/ /	
4)	/ /	

As a part of your enrolment at our service, we require acceptance of the following items to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes. Please read these items and confirm by signing at the end of this document.

Hours of Operation

Before School Care: 7:00am – 9:00am
 After School Care: 3:00pm – 6:00pm
 Vacation Care: 7:00am – 6:00pm

OSHC fees are as follows (from January 2020)

Enrolment Fee: Paid once only per Family..... \$20.00

Before School Care: Routine Booking..... \$15.00
 Casual Booking..... \$17.50

After School Care: Routine Booking \$21.00
 Casual Booking..... \$23.50

Vacation Care: Routine Day..... \$55.00
 Casual Booking..... \$65.00
 Special Activities Day..... TBA
 Excursions/Incursions..... TBA



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Please complete the **Weekly**, **Fortnightly** or **Casual (including Vacation Care)** bookings in the appropriate section below.

Routine Weekly Bookings:

BSC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Start Date

ASC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Start Date

Routine Fortnightly Bookings:

BSC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Start Date
Week 1						
Week 2						

ASC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Start Date
Week 1						
Week 2						

Casual Bookings:

Before School Care		After School Care		Vacation Care	
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I understand that Sherwood State School OSHC will notify me of the days my child/ren have been allocated bookings. I understand that if they cannot be allocated any bookings on certain days, they will be placed on the corresponding wait list until a position becomes available. I understand that I must contact Sherwood State School OSHC if I wish to change/cancel bookings and give adequate notice to avoid charges (*Cancellation Policy* within the Family Handbook).

I confirm:

- That my details in the enrolment form, as well as the details of the child/ren I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and end time of these sessions of care.
- That care may be provided on a casual or flexible basis where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me.

Parent's/Guardian's Confirmation:

Full Name: _____ Signature: _____ Date: _____

Full Name: _____ Signature: _____ Date: _____

Bookings entered by: _____ Date: _____ Parents/Guardians Notified: Y / N Date: _____