

Please tick the days you require for each child.

| Child's Name  | DOB | M           | T           | W           | T           | F           | M     | T           | W   | T   | F   |  |
|---|-----|-------------|-------------|-------------|-------------|-------------|-------|-------------|-----|-----|-----|--|
|   |     | 21 / 1      | 22 / 1      | 23 / 1      | 24 / 1      | 25 / 1      | / /   | 29 / 1      | / / | / / | / / |  |
|   |     |             |             |             |             |             |       |             |     |     |     |  |
|   |     |             |             |             |             |             |       |             |     |     |     |  |
|   |     |             |             |             |             |             |       |             |     |     |     |  |
|   |     |             |             |             |             |             |       |             |     |     |     |  |
| I = Incursion, E = Excursion<br>N = Normal In House day |     | I           | N           | E           | N           | I           | Close | I           |     |     |     |  |
| <b>FEES FOR THE WHOLE DAY PER CHILD</b>                 |     | <b>\$60</b> | <b>\$45</b> | <b>\$70</b> | <b>\$45</b> | <b>\$60</b> |       | <b>\$50</b> |     |     |     |  |

Please note the dates of Excursion and Incursion days.

EXCURSION PERMISSION FORMS must be completed in order for your child/ren to attend on excursion days.

Parent/Carer Name:

Mobile Phone:

Address:

Work Phone:

Suburb/Postcode:

Home Phone:

Email Address:

#### PARENT/CARER AGREEMENT

- I/We acknowledge that my child/ren are currently enrolled and have completed Centacare Child Care Services enrolment forms at

**St Vincent's OSHC**

This information will be made available if your child/ren is/are attending another Centacare Child Care Service.

- I/We acknowledge that as per the cancellation policy stated in my enrolment package, any days that are booked will be paid for. Full fees will be charged for all absences and I/we understand that it is my/our responsibility to notify in writing, of any changes to booking details.
- I/We acknowledge that vacation care bookings may be in jeopardy unless accounts are paid up to date and vacation care fees are paid in advance at the commencement of booking at the Vacation Care Program.
- I/we agree to pay the schedule fees for the bookings nominated above as per CCCS policy.
- I/We understand that this booking form is due back by **Friday 7th December** or my bookings will be charged at a casual rate of **\$5.00** additional to the fees for the whole day.  
Date

Parent/Carer Signature

Date

OFFICE USE ONLY

Date Received:

Received By:

Account Paid: Term: Yes/No Vacation Care: Yes/No

Casual Rate: Yes/No

Entered Date: