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|---|-----------|--|---|----------|--|--|
| Parent /Guardian Details | Name: | | | Address: | | |
| CHILD'S FULL NAME | | | Known by: | | | |
| Date of Birth | | | Start Date | | | |
| Approved Provider: <i>The Roman Catholic Trust Corporation for the Diocese of Rockhampton, ABN 21 528 592 597</i> | | | Service Name: St Patrick's OSHC Address: 35 Mulgave St. Bundaberg Phone: (07) 499 49351 Mob: 0417 199 586 Email: spbg_oshc@rok.catholic.edu.au | | | |
| BSC HOURS 6.00am – 8:30am | | | ASC HOURS 3:00pm – 6:00pm | | | |
| BSC Fee\$ | NA | | ASC Fee \$23.50 | | | |
| Casual BSC Fee\$ | | | Casual ASC Fee \$26.50 | | | |

Ceasing Care as at the ____/____/____

REQUESTED DAYS OF ATTENDANCE BY PARENT / GUARDIAN

Permanent Booking

Requested days of attendance Outside School Hours Care for the period from ____/____/____.

Requested attendance - standard week

| CHILD'S NAME | MON | | TUES | | WED | | THURS | | FRI | |
|--------------|-----|-----|------|-----|-----|-----|-------|-----|-----|-----|
| | BSC | ASC | BSC | ASC | BSC | ASC | BSC | ASC | BSC | ASC |
| | - | | - | | - | | - | | - | |

(Optional) Requested attendance - alternate week

| CHILD'S NAME | MON | | TUES | | WED | | THURS | | FRI | |
|--------------|-----|-----|------|-----|-----|-----|-------|-----|-----|-----|
| | BSC | ASC | BSC | ASC | BSC | ASC | BSC | ASC | BSC | ASC |
| | - | | - | | - | | - | | - | |

Confirmed Booking by Coordinator or Delegate (Signature):

Day/s:

Fees per session: \$

OR **Casual Booking – Any Day**

Confirmed Booking by Coordinator or Delegate (Signature):

Fees per session: \$

I confirm:

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service(s) and understand the start and end times of these sessions of care.
- That care may be provided on a casual or flexible basis where available at my service(s) 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.

Please sign and return this form, as confirmation of the Complying Written Agreement.

Parent/Guardian Signature:

Date: ____/____/____