



Account Name		
Child/ren's Name/s and DOB		____/____/____
		____/____/____
		____/____/____
I wish to use YMCA OSHC:	<input type="checkbox"/> Permanently <i>A permanent booking is defined as a child booked to attend the service on the same day/s each week or fortnight. Please note if you have a permanent booking you will also be able to use the service for casual bookings if required.</i>	<input type="checkbox"/> Casually <i>Casual bookings are days that do not fall into a regular weekly or fortnightly pattern. Booking can be placed subject to availability, when required and up until 2 pm on the desired day by calling Y Central.</i>

AFTER SCHOOL CARE PERMANENT BOOKINGS ONLY: Please specify booking pattern:														
<input type="checkbox"/> Weekly Pattern Start date: _____ <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	OR	<input type="checkbox"/> Fortnightly Pattern Start date: _____ <table style="width: 100%;"> <tr> <td style="width: 50%;">Week 1</td> <td style="width: 50%;">Week 2</td> </tr> <tr> <td><input type="checkbox"/> Monday</td> <td><input type="checkbox"/> Monday</td> </tr> <tr> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Tuesday</td> </tr> <tr> <td><input type="checkbox"/> Wednesday</td> <td><input type="checkbox"/> Wednesday</td> </tr> <tr> <td><input type="checkbox"/> Thursday</td> <td><input type="checkbox"/> Thursday</td> </tr> <tr> <td><input type="checkbox"/> Friday</td> <td><input type="checkbox"/> Friday</td> </tr> </table>	Week 1	Week 2	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday
Week 1	Week 2													
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday													
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday													
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday													
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday													
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday													

FEES (NOTE THAT THESE FEES ARE BEFORE CENTRELINK BENEFITS ARE APPLIED)

Program	Permanent Booking	Casual Booking
After School Care Fee	\$32	\$37
After School Care End of Term Fee	N/A	\$38

Please notify us of any known absences, so that they can be excluded from your booking;

Please Note

By signing below you indicate that you agree to and or have actioned the statements listed below:

- I confirm that I have received and read the Bus Risk Assessment and Transportation requirements, *if applicable*, for my child to attend the Outside of School Hours Program.
- I confirm that I have received and read the Family Handbook.
- I understand that as part of my enrolment at this service it is required that I confirm acceptance to the following items in order for this service to receive government funding on my behalf.
- Acceptance of these items as well as any other information in the enrolment form can be used as a complying written arrangement for child care subsidy purposes.
 - My details in this booking form and enrolment form are true and 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 in this booking form, and, if applicable, in other information the service has given me (such as a fee schedule or family handbook) which are subject to change over time based on advice from the provider and acceptance by me.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child/ren's Name/s: _____

Date: _____ / _____ / _____

Office Use Only					Scanned:	YES	NO	
Service checked:	YES	NO	Booking type checked:	YES	NO	Start date checked:	YES	NO
Booking completed by:			Confirmation email sent:	YES	NO	Date:		