

Out of School Hours Care (OSHC) Booking Form

 FLEXIBLE / CASUAL

 FIXED / ROUTINE

FAMILY NAME: _____

CHILD'S NAME: _____ CHILD'S NAME: _____

CHILD'S NAME: _____ CHILD'S NAME: _____

I HAVE NO REGULAR TIMES AT THIS STAGE. I WOULD LIKE TO USE THE SERVICE ON A CASUAL BASIS.

AFTER SCHOOL CARE BOOKINGS

PLEASE TICK ✓	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY
ARRIVAL TIME					
DEPARTURE TIME					

BEFORE SCHOOL CARE BOOKINGS

PLEASE TICK ✓	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY
ARRIVAL TIME					
DEPARTURE TIME					

FROM ___/___/___ FOR ___ WEEKS / OR UNTIL ___/___/___ OR ONGOING (tick✓)

All bookings cover Terms 1, 2, 3 and 4 unless noted. Amendments and cancellations must be in writing.

I am aware of the account, booking and cancellation policies that are in affect at St Columba College Out Of School Hours Care (OSHC) service and I am making the above booking in accordance with those policies. OSHC Fees are published on the College website <http://stcolumba.sa.edu.au/enrolment/oshc>

PARENT / CAREGIVER NAME: _____

SIGNATURE: _____ DATE: _____

FORMS ARE TO BE RETURNED TO THE OSHC OFFICE OR EMAILED TO oshc@stcolumba.sa.edu.au