

After School Care Booking Form

Please note: This form must be completed by a parent or guardian who has parental responsibility in relation to the child.
Please notify the Warrnambool OSHC Service of any changes to booked childcare arrangements, including absences.

Child Details

Child Full Name: _____ Child C.R.N _____ / _____ / _____ / _____
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 Child Full Name: _____ Child C.R.N _____ / _____ / _____ / _____

Please provide your **FAMILY CRN** number: _____ / _____ / _____ / _____

Child Care Booking

Please tick the days your child/ren will be attending After School Care (not for casual users)

NOTE: Please remember to inform both the OSHC Service and School when your child will NOT be attending. The full After School Care Session fee is applicable (less eligible subsidy) for *any* absence from a permanently booked place. Absences due to individual school closures or camps are still applied to accounts. Non application of fees due to absences in relation to illness will be considered on submission of a medical certificate. Families may apply in advance for a permanent booking suspension for holidays within the school term longer than a single session of After School Care. In line with our payment of fee policy, families with outstanding/overdue accounts will have their care reviewed, and this may result in cancellation.

Name of School: _____ **Commencement Date:** _____

Child Name	Monday	Tuesday	Wednesday	Thursday	Friday

Casual Childcare

Please tick this box if you require only **CASUAL** care – please notify the service by 2pm on the day you require care. **NOTE:** care may not always be available.

How will your child/ren travel to the After School Care Program?

Please tick the most appropriate response below. It is your responsibility to arrange this transport.

Bus Walking Taxi Drop Off Other _____

Declaration

I agree to pay all accounts with Warrnambool City Council's Outside School Hours Care Services by the due date. In the event that I default in making payments and recovery action is undertaken, I will be responsible for all expenses in relation to the collection of the outstanding amount including, but not limited to, all charges and fees, legal costs on an indemnity basis, and disbursements

I have read all of the information provided by the OSHC Service in relation to the After School Care Program, including the conditions on this form.

I give permission for my child/ren _____ (full name/s) to attend any After School Care days as accepted by the OSHC service.

Parent/guardian: _____ (signature) _____ (full name)

_____ (phone no.) _____ / _____ / _____ (date)

Bookings are accepted at Warrnambool Stadium, or emailed to oshc@warrnambool.vic.gov.au