

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.

Child Details

Name: _____ D.O.B ____/____/____ CRN ____/____/____/____

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Please supply the Parent/Guardian CRN *linked to Child Care Subsidy* ____/____/____/____

School name: _____ Preferred start date: ____/____/____

Child Care Booking

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 suspension.

Permanent Childcare (Please tick the days you wish your child to attend. Permanent bookings only)

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)

Persons to be notified in the event of an emergency (other than parent/guardian)

Name: _____ Contact number: _____

Relationship to child: _____

Specific Health Care Needs Has your child been diagnosed with any of the following?

Asthma and/or Anaphylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, up to date medical plan is required
Other allergy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify _____
Additional needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Other (please provide detail) _____

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 to attend any After School Care excursion days as arranged by the OSHC Service.

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

_____ (phone) ____/____/____ (date)

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

