

Booking Requirements

Family Name (CCS Claimant): _____

Name of children requiring care:

1. _____ DOB _____ CRN _____ Class _____

2. _____ DOB _____ CRN _____ Class _____

3. _____ DOB _____ CRN _____ Class _____

4. _____ DOB _____ CRN _____ Class _____

Please tick the applicable box and complete required details.

I require casual placement for my child.

I require casual vacation care placement for my child.

I require permanent bookings for the following sessions: (Please tick)

Odd Weeks

Weeks: 1,3,5,7,9 of the school term

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Even Weeks

Weeks: 2, 4, 6, 8,10 of the school term

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Effective from: _____

OOSCA Fees (Term 1 2020)

Contact No: _____

Signed: _____

Date: _____

Before School Care 7:30am – 8:45am	\$20.00
After School Care 3:05pm – 6:00pm	\$30.00
Vacation Care 8:00am – 5:30pm (Excluding Excursions/Incursions)	\$60.00

