Park Avenue Outside School Hours Care

July 2019 Vacation Care Program

BOOKING FORM

Please indicate your requirements by signing the boxes below and returning to the School Office or to the Outside School Hours Care Coordinator Chelsea Holden by no later than Wednesday 26 June 2019. Additional bookings will be accepted after this time and during Vacation Care by phoning 0408703482 or by emailing sjpa_oshc@rok.catholic.edu.au

Please sign days required	Monday	Tuesday	Wednesday	Thursday	Friday
Week One: 01.07.19 to 05.07.19					
Week Two: 08.07.19 to 12.07.19					

Full cost per day: $51 per day per child

CCS rebates will apply to the cost for eligible/registered families.

Fees: All payments for our Service are now received through Debit Success. If you do not have an Debit Success form please contact the Coordinator as soon as possible. Debit Success forms must be returned with your Vacation Care Booking, or your booking will not be confirmed. Please be aware that depending on your payment date, fees and excursion charges may be paid in advance of attendance, as all accounts are charged the week attended and one week in advance. Statements will be forwarded weekly to ensure that you have an estimation of the amount that will be deducted from your chosen payment method. The account may vary depending on your CCS estimate. Any questions please contact the Coordinator.

N.B Excursions/Incursions: will incur additional charges. See the program for these.

CCS rebates apply to the cost.

Bookings- A Booking Form needs to be submitted to obtain a place. Bookings do not carry over from the previous Vacation Care.

Cancellations- Need to be made by 6pm the previous day to not incur a charge. Cancellations made on the day will incur a non-attendance fee charge on booked days. Cancellations made on the day of the Excursion will also incur the additional cost of the excursion.

Children/s Name…….…………….………….………..………..………..…….…………….………….………….………….…..

Parents/Caregivers Name…..………..………….………….…..………..…….…..………….……..………….………….……….……

Parent/Caregiver Signature…..………..………….………….…..………….…..……..………….…………….………….…………….………..

Contact Phone Number…….…….………….…..……….……..…….……..………….……………….………….…..…….……….

Email……………….………….…….…….…….…….……..………….……..…….………….………….…….…………….……...