

**REQUESTED DAYS OF ATTENDANCE**

CUSTOMER DETAILS			
This information is necessary for the service to apply for Child Care Subsidy (CCS) on your behalf, which is applied directly to discount daily fees.			
Child's Name			
Child's CRN		Date of Birth	
Parent/ Carer 1 CRN		Date of Birth	
Parent Carer 2 CRN (if applic.)		Date of Birth	
Residential Address		Phone number:	
Approved Provider: <i>The Roman Catholic Trust Corporation for the Diocese of Rockhampton, ABN 21 528 592 597</i>		Service Name: Park Avenue OSHC	
Phone: 07 4994 8000		Address: 33 Main Street, Park Avenue QLD 4701	
		Phone: 0408703482 Email: sjpa_oshc@rok.catholic.edu.au	

<b>Vacation Care 7:30am – 6:00pm</b>	<b>Fees:</b> Please refer to our <i>Fee Schedule</i> for details
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**Routine Booking**

Requested days of attendance Outside School Hours Care for 06.04.2020 to 17.04.2020

**Week One**

MON 06.04.2020	TUES 07.04.2020	WED 08.04.2020	THURS 09.04.2020	FRI 10.04.2020
<b>Outdoor Games Day</b>	<b>Lego City Construction</b>	<b>Movie &amp; PJ Day/Sand Painting</b>	<b>Easter Art &amp; Craft Day</b>	<b>Public Holiday- CLOSED Good Friday</b>
<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book

**Week Two**

MON 13.04.2020	TUES 14.04.2020	WED 15.04.2020	THURS 16.04.2020	FRI 17.04.2020
<b>Public Holiday- CLOSED Easter Monday</b>	<b>Tie Dying Workshop</b>	<b>Wheels Day</b>	<b>INCURSION- Stuffers DIY Ukulele Kit</b>	<b>Disco/Pizza Party</b>
<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book

Confirmed Booking by Coordinator or Delegate (Signature): \_\_\_\_\_

**I confirm:**

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service and understand that my child will only attend during the sessions of care as per the Service Approval.
- That care may be provided on a casual or flexible basis where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a Fee Schedule or Parent Handbook) which are subject to change over time based on advice from the provider and acceptance by me.

Please sign and return this form, as confirmation of the Complying Written Agreement.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_