

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</i> , ABN 21 528 592 597 Phone: 07 4994 8000		Service Name: Park Avenue OSHC Address: 33 Main Street, Park Avenue QLD 4701 Phone: 0408703482 Email: sjpa_oshc@rok.catholic.edu.au	

Vacation Care 7:30am – 6:00pm

Fees: Please refer to our *Fee Schedule* for details

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
Outdoor Games Day	Lego City Construction	Movie & PJ Day/Sand Painting	Easter Art & Craft Day	Public Holiday-CLOSED Good Friday
<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
Public Holiday-CLOSED Easter Monday	Tie Dying Workshop	Wheels Day	INCURSION- Stuffers DIY Ukulele Kit	Disco/Pizza Party
<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: ____ / ____ / ____