



<b>Parent /Guardian Details</b>	Name:		
	Address:		
<b>CHILD'S FULL NAME</b>		<b>Known by:</b>	
<b>Date of Birth</b>		<b>Start Date</b>	
Approved Provider: <i>The Roman Catholic Trust Corporation for the Diocese of Rockhampton, ABN 21 528 592 597</i>		Service Name: Saint Joseph's Catholic Primary School, Wandal - OSHC Address: 4 Herbert Street, Wandal 4700 Phone: 0429 316 543      Email: sjwl_oshc@rok.catholic.edu.au	

<b>BSC HOURS</b> 6.30am – 8:30am	<b>ASC HOURS</b> 3:00pm – 6:00pm
<b>BSC Fee</b> \$17.00 each child, each morning <b>Casual BSC Fee</b> \$18.00 each child, each morning	<b>ASC Fee</b> \$23.00 each child, each afternoon <b>Casual ASC Fee</b> \$24.00 each child, each afternoon
*the above fees do not include any rebate that you may be entitled to*	

Ceasing Care as at the \_\_\_\_/\_\_\_\_/\_\_\_\_ (only complete if applicable)

REQUESTED DAYS OF ATTENDANCE BY PARENT / GUARDIAN

**Permanent Booking**

Requested days of attendance Outside School Hours Care for the period from \_\_\_\_/\_\_\_\_/\_\_\_\_.

*Requested attendance - standard week*

CHILD'S NAME	MON		TUES		WED		THURS		FRI	
	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC

*(Optional) Requested attendance - alternate week*

CHILD'S NAME	MON		TUES		WED		THURS		FRI	
	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC

Confirmed Booking by Coordinator or Delegate (Signature):

**OR**  **Casual Booking – Any Day**

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(s) and understand the start and end times of these sessions of care.
- That care may be provided on a casual or flexible basis where available at my service(s) 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: \_\_\_\_/\_\_\_\_/\_\_\_\_