

MEADOWS PRIMARY SCHOOL OSHC

CWA - Complying Written Arrangement

BOOKINGS Form Terms 1, 2, 3 & 4 2019

Enrolling Parent/Guardian Name: _____

Contact Details: _____

 Period of Care: ___/___/2019 to ___/___/2019 Type of care: Permanent/ Flexible
 Casual/Occasional

Child/ren names: 1 _____ Date of Birth: ___/___/___

2 _____ Date of Birth: ___/___/___

3 _____ Date of Birth: ___/___/___

4 _____ Date of Birth: ___/___/___

Fee Schedule 2018/2019		
Before School Care Primary	7:00am- 8:30am	\$15 less CCS Primary
Before School Care Kindergarten	7:00am-8:45am	\$25 less CCS Kindy
After School Care Primary	3:15pm-6:15pm	\$30 less CCS Primary
After School Care Kindergarten	2:45pm-6:15pm	\$40 less CCS Kindy

Before School Booking										
Child's Name	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Arrival time	Departure time	Arrival time	Departure time	Arrival time	Departure time	Arrival time	Departure time	Arrival time	Departure time

After School Booking										
Child's Name	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Arrival time	Departure time	Arrival time	Departure time	Arrival time	Departure time	Arrival time	Departure time	Arrival time	Departure time

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.	Yes <input type="checkbox"/>
I understand that OSHC term booking cancellations must be received by by 8:30am on the day PRIOR to the booking or the sessions will be charged. Please note Meadows OSHC accounts are 7 days	Yes <input type="checkbox"/>
I am eligible to receive CCS or additional CCS.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian name: _____

Signature: _____ Date: ___/___/2019