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Portfolio: Y

## Immanuel Lutheran College — Outside School Hours Care

### TERM 3 2018 CASUAL BOOKING FORM

COMPLYING WRITTEN AGREEMENT (CWA)

Ph: 5477 3418 Mob: 0499 996 931

Email: [oshc@immanuel.qld.edu.au](mailto:oshc@immanuel.qld.edu.au)

**PLEASE RETURN BY MONDAY JULY 3.**

Child Name:		Class:
Child Name:		Class:
Child Name:		Class:
Child Name:		Class:
Mother:	Mobile:	Signature:
Father:	Mobile:	Signature:

*Please tick the dates that you require care.*

WK	Monday	Tuesday	Wednesday	Thursday	Friday
<u>1</u>	16 July	17	18	19	20
<u>2</u>	23	24	25	26	27
<u>3</u>	30	31	1 August	2	3
<u>4</u>	6	7	8	9	10
<u>5</u>	13	14	15	16	17
<u>6</u>	20	21	22	23	24
<u>7</u>	27	28	29	30	31
<u>8</u>	3 September	4	5	6	7
<u>9</u>	10	11	12	13	14
<u>0</u>	17	18	19	20	21 End of Term

- Accounts are emailed every fortnight from commencement of term and due within 14 days of issue.
- It is OSHC policy that 24 hours' notice (3.00pm the day before) for cancellation is required. Otherwise the full fee will be charged.
- Please notify OSHC if your child will be absent from a booked After School Care session. Changes to booked days will only be accepted via email. Therefore cancellations and additions will NOT be accepted over the phone or in person. Families are to provide written confirmation of booking alterations only as per the new legislation laws.
- You are required to provide us with a contact number you can be easily contacted on. Our service operation hours are 3-6pm.
- Please ensure your MyGov details are the same as what you have provided OSHC. Additionally, please link your account to the Immanuel OSHC service. If you fail to do so, you will not be entitled the subsidy.
- Our Service offers the following payment options:
  - o Payway (Details on the OSHC webpage)
  - o Direct Deposit - BSB No: 034198 Account No: 214658 (When internet banking, please note your child's full name so payment can be allocated to you).
  - o Credit Card (In person or via Telephone)
  - o Cash



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### 2018 After School Care Permenant Booking Form

COMPLYING WRITTEN AGREEMENT (CWA)

Ph: 5477 3418 Mob: 0499 996 931

Email: [oshc@immanuel.qld.edu.au](mailto:oshc@immanuel.qld.edu.au)

**PLEASE RETURN BY MONDAY JULY 3**

Child Name:		Class:
Child Name:		Class:
Child Name:		Class:
Mother:	Mobile:	Signature:
Father:	Mobile:	Signature:

Please tick the days that you require care for the year. This is an option for families who wish to enrol for permanent bookings. Therefore, families who have consistent bookings will not need to redo an ASC booking form each term however, Vacation Care will still require a booking form to be completed each Vacation Care program. Please note: Student free days will be a separate booking form and you will not be charged for public holidays.

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#### Office use only: Booking alterations

Day	Date	Added	Removed	Absent

**Note: changes of booking can only be accepted via email – i.e. no over the phone or in person changes can be accepted.**