

# OUT OF SCHOOL HOURS CARE

## Adelaide North OSHC

### Booking Form

Please download this form onto your desktop before filling in.

Child's name: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Parent/Carer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### DATES

##### WEEK 1

SELECT DATES REQUIRED	EXCURSION ACTIVITY ADDITIONAL \$140 FEE	
<input type="checkbox"/> Monday 13 April		
<input type="checkbox"/> Tuesday 14 April		
<input type="checkbox"/> Wednesday 15 April		
<input type="checkbox"/> Thursday 16 April		
<input type="checkbox"/> Friday 17 April	Incursiom	

##### WEEK 2

SELECT DATES REQUIRED	EXCURSION ACTIVITY ADDITIONAL \$140 FEE	
<input type="checkbox"/> Monday 20 April		
<input type="checkbox"/> Tuesday 21 April		
<input type="checkbox"/> Wednesday 22 April		
<input type="checkbox"/> Thursday 23 April		
<input type="checkbox"/> Friday 24 April	Incursiom	

Please place a check in the boxes to indicate which days you are requesting a Vacation Care booking. Please place a check in the boxes if you are requesting your child to attend the excursion, which will be an additional cost, please see fees on our website.

**OSHC Support Team**

**P** 08 8200 2516

**E** oshc@ymcasa.org.au

**f** /YMCA SA OSHC



## USING NDIS

### AGREEMENT

I agree to pay the Child Care Subsidy gap fee for my child's sessions via direct debit. I am aware all gap fees must be paid electronically and in advance.

Signature: \_\_\_\_\_

### SELECT ONE ADDITIONAL SUPPORT FEE PAYMENT METHOD

**PLAN-MANAGED NDIS**

By selecting Plan Manager, you are acknowledging that you have sufficient funds in disability on your related supports NDIS participants' plans. If you do not have enough funds, and the invoice is not being paid by your Plan Manager, you agree to be liable for the payment of fees.

NDIS Number: \_\_\_\_\_

Plan Manager Company: \_\_\_\_\_ Support Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_

Plan date: \_\_\_\_\_ Signature: \_\_\_\_\_

**SELF-MANAGED NDIS**

If paying by self-managed NDIS, I declare that I have the funds available and agree to pay within 2 weeks of the service being provided

Signature: \_\_\_\_\_

## NOT USING NDIS

**CCS/PAYING FULL FEE**

By selecting CCS, you are agreeing to pay the gap fee for your child's sessions and the additional support fee. Please be aware of the CCS hourly cap rates and how this will impact your gap fee. All gap fees must be paid electronically, and one week in advance.

<https://www.education.gov.au/early-childhood/announcements/child-care-subsidy-hourly-rate-caps-are-changing-soon>

Signature: \_\_\_\_\_

I have completed my Direct Debit Form and have uploaded my Direct Debit details to Xplor.

Please email your completed form to [oshc@ymcasa.org.au](mailto:oshc@ymcasa.org.au)