

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	SELECT EITHER EXCURSION OR IN-HOUSE ACTIVITY			
<input type="checkbox"/> Monday 29 September					
<input type="checkbox"/> Tuesday 30 September	Cinema	<input type="checkbox"/>	Excursion	<input type="checkbox"/>	In-House
<input type="checkbox"/> Wednesday 1 October					
<input type="checkbox"/> Thursday 2 October					
<input type="checkbox"/> Friday 3 October					

WEEK 2

SELECT DATES REQUIRED	EXCURSION ACTIVITY ADDITIONAL \$140 FEE	SELECT EITHER EXCURSION OR IN-HOUSE ACTIVITY			
<input type="checkbox"/> PUBLIC HOLIDAY					
<input type="checkbox"/> Tuesday 7 October	Elizabeth Bowland	<input type="checkbox"/>	Excursion	<input type="checkbox"/>	In-House
<input type="checkbox"/> Wednesday 8 October					
<input type="checkbox"/> Thursday 9 October					
<input type="checkbox"/> Friday 10 October					

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