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			
3 ————	4			
Address:				
Phone (home):	(work):		_ (mobile):	
Email:				
NDIS DETAILS:				
NDIS number:				
Please tick how your fees will be paid				
riedse tick now your rees will be paid				
Self-Managed		ish in O		
Self-Managed If paying by self-managed NDIS, I declare that I have the fu	unds available and agree to	o pay within 2 we	eks of the service l	being provided
Self-Managed If paying by self-managed NDIS, I declare that I have the full plan-Managed	Ū			
Self-Managed If paying by self-managed NDIS, I declare that I have the full plan-Managed Name of Plan Manager:				
Self-Managed If paying by self-managed NDIS, I declare that I have the full plan-Managed Name of Plan Manager: Email address to send invoice:				
Self-Managed If paying by self-managed NDIS, I declare that I have the function of Plan-Managed Name of Plan Manager: Email address to send invoice: YMCA to claim				
Self-Managed If paying by self-managed NDIS, I declare that I have the function of Plan-Managed Name of Plan Manager: Email address to send invoice: YMCA to claim Plan dates:				
Self-Managed If paying by self-managed NDIS, I declare that I have the function of Plan-Managed Name of Plan Manager: Email address to send invoice: YMCA to claim				
Self-Managed If paying by self-managed NDIS, I declare that I have the function of Plan-Managed Name of Plan Manager: Email address to send invoice: YMCA to claim Plan dates:	Category			
Self-Managed If paying by self-managed NDIS, I declare that I have the formula plan-Managed Name of Plan Manager: Email address to send invoice: YMCA to claim Plan dates: Category to claim under:	Category			
Self-Managed If paying by self-managed NDIS, I declare that I have the formula paying by self-managed Plan-Managed Name of Plan Manager: Email address to send invoice: YMCA to claim Plan dates: Category to claim under: Core support	Category			



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NDIS DETAILS:

Are there any additional care needs required for your child to attend Vacation Care? Please tick those relevant below:

Additional Care needs*	Comments
Assistance with personal care (e.g. toileting)	
1:1 staffing for behaviour reasons	
1:1 staffing for feeding / PEG feeds / eating plans	
Any other additional needs	

^{*} Please note provisions on your NDIS plan for additional funding may be required

WEEK 1
Monday, 18 April 2022 (CLOSED)
Tuesday, 19 April 2022
Wednesday, 20 April 2022
Thursday, 21 April 2022
Friday, 22 April 2022

WEEK 2
Monday, 25 April 2022 (CLOSED)
Tuesday, 26 April 2022
Wednesday, 27 April 2022
Thursday, 28 April 2022
Friday, 29 April 2022

SUBMIT