

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 15 December | | | | | |
| <input type="checkbox"/> Tuesday 16 December | | | | | |
| <input type="checkbox"/> Wednesday 17 December | | | | | |
| <input type="checkbox"/> Thursday 18 December | | | | | |
| <input type="checkbox"/> Friday 19 December | Incursion | | | | |

WEEK 2

| SELECT DATES REQUIRED | EXCURSION ACTIVITY ADDITIONAL \$140 FEE | SELECT EITHER EXCURSION OR IN-HOUSE ACTIVITY | | | |
|--|---|--|--|--|--|
| <input type="checkbox"/> Monday 5 January | | | | | |
| <input type="checkbox"/> Tuesday 6 January | | | | | |
| <input type="checkbox"/> Wednesday 7 January | | | | | |
| <input type="checkbox"/> Thursday 8 January | | | | | |
| <input type="checkbox"/> Friday 9 January | | | | | |

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



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| WEEK 1 | | | | | | |
|--------------------------|----------------------|---|--|--|--|--|
| SELECT DATES REQUIRED | | EXCURSION ACTIVITY ADDITIONAL \$140 FEE | SELECT EITHER EXCURSION OR IN-HOUSE ACTIVITY | | | |
| <input type="checkbox"/> | Monday 12 January | Incursion | | | | |
| <input type="checkbox"/> | Tuesday 13 January | | | | | |
| <input type="checkbox"/> | Wednesday 14 January | | | | | |
| <input type="checkbox"/> | Thursday 15 January | | | | | |
| <input type="checkbox"/> | Friday 16 January | | | | | |

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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