

OUT OF SCHOOL HOURS CARE

Modbury Special School

Booking Form

Please download this form onto your desktop before filling in.

Family name: _____

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

☐ Self-Managed

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

☐ Plan-Managed

Name of Plan Manager: _____

Email address to send invoice: _____

☐ Responsible for Paying the Account (e.g. claiming CCS)

I acknowledge that fees are to be paid one week in advance

Please consider: Have you recently completed a YMCA OSHC Enrolment form?

Are all your details current and correct? If not, please see one of our educators.

ADDITIONAL CARE NEEDS:

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

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

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

OSHC Support Team

P 08 8200 2516

E oshc@ymcasa.org.au

f /YMCA SA OSHC



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DATES

Please place a check in the boxes to indicate which days you require Vacation Care, and also place a check in the boxes if your child is to take part in the excursion (additional costs) or the in-house activity for that day. Add any additional comments if necessary.

WEEK 1					
SELECT DATES REQUIRED		SELECT EITHER EXCURSION OR IN-HOUSE ACTIVITY			ADDITIONAL COMMENTS (IF ANY)
<input type="checkbox"/>	Monday 18 December				
<input type="checkbox"/>	Tuesday 19 December				
<input type="checkbox"/>	Wednesday 20 December	<input type="checkbox"/>	Excursion	<input type="checkbox"/>	In-house
<input type="checkbox"/>	Thursday 21 December				
<input type="checkbox"/>	Friday 22 December				

WEEK 2					
SELECT DATES REQUIRED		SELECT EITHER EXCURSION OR IN-HOUSE ACTIVITY			ADDITIONAL COMMENTS (IF ANY)
<input type="checkbox"/>	Monday 8 January				
<input type="checkbox"/>	Tuesday 9 January				
<input type="checkbox"/>	Wednesday 10 January				
<input type="checkbox"/>	Thursday 11 January				
<input type="checkbox"/>	Friday 12 January				

WEEK 3					
SELECT DATES REQUIRED		SELECT EITHER EXCURSION OR IN-HOUSE ACTIVITY			ADDITIONAL COMMENTS (IF ANY)
<input type="checkbox"/>	Monday 15 January				
<input type="checkbox"/>	Tuesday 16 January	<input type="checkbox"/>	Excursion	<input type="checkbox"/>	In-house
<input type="checkbox"/>	Wednesday 17 January				
<input type="checkbox"/>	Thursday 18 January				
<input type="checkbox"/>	Friday 19 January				

YMCA will have the final say to what children attend as a risk assessment may need to be done before your child attends the excursion or the ratio of the time of the excursion may need to be changed to help with needs of individual children.