



Adelaide North OSHC BOOKING FORM

Family name: _____

Child's name: 1 _____ 2 _____
3 _____ 4 _____

Address: _____

Phone (home): _____ (work): _____ (mobile): _____

Email: _____

NDIS DETAILS:

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: _____

YMCA to claim

NDIS number: _____

Plan dates: _____

Category to claim under:

Core support Category _____

Community and Social Inclusion Category _____

Responsible for paying the account

Must complete Direct Debit request on the next page

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.

WEEK 1
<input type="checkbox"/> Monday, 12 April 2021
<input type="checkbox"/> Tuesday, 13 April 2021
<input type="checkbox"/> Wednesday, 14 April 2021
<input type="checkbox"/> Thursday, 15 April 2021
<input type="checkbox"/> Friday, 16 April 2021

WEEK 2
<input type="checkbox"/> Monday, 19 April 2021
<input type="checkbox"/> Tuesday, 20 April 2021
<input type="checkbox"/> Wednesday, 21 April 2021
<input type="checkbox"/> Thursday, 22 April 2021
<input type="checkbox"/> Friday, 23 April 2021

Please Note: We will be unable to accept Vacation Care bookings unless all outstanding OSHC fees **are paid in full within 7 days** of the statement date. Failure to pay your Vacation Care fees within this time may result in the suspension of your Vacation Care service.

The YMCA South Australia is a Not for Profit organisation and we rely on the timely payment of all OSHC fees to ensure we continue to provide affordable care for all families.

Cancellations will not be accepted after 9am Monday, 29th March.

DIRECT DEBIT REQUEST

Please complete if Self-Managed or not using NDIS

Name: _____

I consent to the YMCA to debit an extra payment using my current account details.

The amount of: \$ _____

Preferred date of process: _____ (Please make allowances for a delay in account debit)

Process direct debit on current OSHC cycle (week in advance)

I agree to pay as per the service agreement.

Date: _____

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
<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

SUBMIT