



Encounter Lutheran OSHC BOOKING FORM

Book online via the **My Family Lounge App** or via the booking form below.
Please download the form to your desktop to enable fillable cells and submit function.

Family Name: _____

Children's Names: _____

Address: _____

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

Email: _____

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.

***IF YOU HAVE NOT USED OSHC SINCE LAST HOLIDAYS PLEASE VISIT MYGOV TO ACCEPT YMCA AS YOUR PROVIDER 3 DAYS AFTER MAKING YOUR BOOKING.**

<input type="checkbox"/> Friday, 9 April 2021
<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 (Excursion)
<input type="checkbox"/> Friday, 16 April 2021

<input type="checkbox"/> Monday, 19 April 2021
<input type="checkbox"/> Tuesday, 20 April 2021
<input type="checkbox"/> Wednesday, 21 April 2021 (Excursion)
<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 Monday, 29 March 2021.

DIRECT DEBIT REQUEST *Must complete*

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: _____

SUBMIT