

Approved Provider: Mayfield State School P & C Assoc. Service: Mayfield State School OSHC

CCS Service Id 190 015 709A

Permanent Booking Form: Before and After School Care

2023

Child's name (C1) _____

Child's name (C2) _____

Child's name (C3) _____

Child's name (C4) _____

Start Date _____ End Date _____

| | Before School Care Session 6.45am – 9.00am | | | | | After School Care Session 3.00pm – 6.00pm | | | | |
|----|---|------|-----|-----|-----|--|------|-----|-----|-----|
| | mon | tues | wed | thu | fri | mon | tues | wed | thu | fri |
| C1 | | | | | | | | | | |
| C2 | | | | | | | | | | |
| C3 | | | | | | | | | | |
| C4 | | | | | | | | | | |

Notes _____

By making a booking you allocate a place to your child and agree to pay all fees. You can cancel the booking if you let us know 7 days before attendance. After that, whether or not your child attends, the session fee (refer to Fee Schedule) will be charged to your account.

Signature of parent/guardian _____ Date _____

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| C1 | | | | | | | | | | |
| C2 | | | | | | | | | | |
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