

JOHN SEPTIMUS ROE ANGLICAN COMMUNITY SCHOOL

OUT OF SCHOOL CARE BOOKING FORM

Child's Full Name	Year	Campus	Office Use Only	
			ST KEY	DF KEY
1.				
2.				
3.				

I wish to book my child/children for the following sessions:
Please advise date/dates of booking if not for the whole term.

BSC - Before School Care

ASC - After School Care

TICK APPROPRIATE COLUMN

Day	Dates	Child 1		Child 2		Child 3	
		BSC	ASC	BSC	ASC	BSC	ASC
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

TERM BOOKINGS (PLEASE TICK TO INDICATE WHICH TERM)

Term 1 Term 2 Term 3 Term 4

Day	Commencement Date	Child 1		Child 2		Child 3	
		BSC	ASC	BSC	ASC	BSC	ASC
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Note:

- Bookings will be invoiced 2 weeks in arrears.
- Bookings not cancelled 1 week prior to the booking date will be charged.
- Credit Card/Direct Debit details must be provided to the School. Payment for fortnightly accounts as advised will be processed by Credit Card or Direct Debit by the School.
- Bookings can be made by returning this form to Reception or Out of School Care centre at either campus or by email to oscbookings@jsracs.wa.edu.au.
- Payment enquiries to the Accounts office on 9247 2242.

I/We confirm Credit Card/Direct Debit details have been provided (Authority Form enclosed) to the School for Out of School Care Fees. Yes No

Name	Daytime Contact Number
Signed:.....	Date:
<i>Office Use: Booking Processed</i>	By: _____ Date: _____