

JOHN SEPTIMUS ROE ANGLICAN COMMUNITY SCHOOL

OUT OF SCHOOL CARE CANCELLATION FORM

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

I wish to **CANCEL** my child/children's bookings for the following sessions:

Please advise date/dates of booking if not for the whole term.

BSC: BEFORE SCHOOL CARE ASC: AFTER SCHOOL CARE VAC: VACATION CARE

TICK APPROPRIATE COLUMN

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

TERM BOOKINGS (PLEASE TICK TO INDICATE WHICH TERM)

Term 1 Term 2 Term 3 Term 4

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

Note:

- Cancellation of a booking must be given 7 days prior to the booked day.
- Bookings not cancelled 7 days prior to the booking date will be charged..
- Cancellation 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.

Name	Daytime Contact Number	
Signed:.....	Date:	
Office Use: Cancellation Processed	By:	Date: