

JOHN SEPTIMUS ROE ANGLICAN COMMUNITY SCHOOL

OUT OF SCHOOL CARE BOOKING FORM

Child's Full Name	Year	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

ROUTINE WEEKLY BOOKINGS (5 working days in advance)

TICK APPROPRIATE COLUMN

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

ROUTINE BOOKINGS TERM BASIS (PLEASE TICK TO INDICATE WHICH TERM)

Term 1 Term 2 Term 3 Term 4

Note:

- Bookings will be invoiced 2 weeks in arrears.
- Bookings not cancelled 48 hours 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, the Out of School Care centre or by email to oscbookings@jsracs.wa.edu.au.
- Casual bookings can only be made via emailing oscbookings@jsracs.wa.edu.au or telephoning the OSC centre and receiving confirmation that a place is available.
- 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

I/We confirm that we have enrolled our child/children in the Out of School Care Programme and that this booking is accepted on the basis of information in this form, the current Fee Schedule and Out of School Care Information Booklet.

Name	Daytime Contact Number	
Signed:	Date:	
Office Use: Booking Processed	By:	Date: