

**JOHN SEPTIMUS ROE ANGLICAN COMMUNITY SCHOOL**

**VACATION CARE BOOKING FORM APRIL 2024**

Child's Full Name	Year	Office Use Only	
		ST KEY	DF KEY
1.			
2.			
3.			
4.			

**I/We wish to book my child for the following sessions:**

**TICK APPROPRIATE COLUMN**

Day	Dates	Child 1	Child 2	Child 3	Child 4
Monday	Centre Closed				
Tuesday	2 April 2024				
Wednesday	3 April 2024				
Thursday	4 April 2024				
Friday	5 April 2024				

Day	Dates	Child 1	Child 2	Child 3	Child 4
Monday	8 April 2024				
Tuesday	9 April 2024				
Wednesday	10 April 2024				
Thursday	11 April 2024				
Friday	12 April 2024				

Day	Dates	Child 1	Child 2	Child 3	Child 4
Monday	15 April 2024				

**Note:**

- Bookings can be made by returning this form to Out of School Care centre or by email to [oscb bookings@jsracs.wa.edu.au](mailto:oscb bookings@jsracs.wa.edu.au)
- 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.
- 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:	