

# OUTSIDE SCHOOL HOURS CARE REQUEST FOR BOOKING 2014

<b>ACCOUNT NAME</b>			
Address of Primary Account Holder			
Phone Number		Mobile Number	
Email Address			

Have you been assessed for Child Care Benefit?  Yes  No

## BOOKING SCHEDULE REQUIRED (Please tick)

CHILDREN'S DETAILS	MON		TUES		WED		THURS		FRI	
	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
<b>Child 1 (Full Name)</b>										
Child DOB										
School attending in 2014										
Health Record Sighted (immunisation record)	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Child 2 (Full Name)</b>										
Child DOB										
School attending in 2014										
Health Record Sighted (immunisation record)	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Child 3 (Full Name)</b>										
Child DOB										
School attending in 2014										
Health Record Sighted (immunisation record)	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Child 4 (Full Name)</b>										
Child DOB										
School attending in 2014										
Health Record Sighted (immunisation record)	<input type="checkbox"/> Yes <input type="checkbox"/> No									

## PARENT/CARER AGREEMENT

- This is a  Permanent Booking  Casual Booking
- My/Our child/ren will attend Outside School Hours Care on the days indicated above and for the period from (start date) \_\_\_/\_\_\_/\_\_\_ **until end of term 4 2014, or** from (start date) \_\_\_/\_\_\_/\_\_\_ **until \_\_\_/\_\_\_/2014** unless otherwise notified in writing.
- I/We have read the Outside School Hours Care Cancellation Policy and agree to give the prescribed notice periods for any cancellations to this booking as per information Handbook (Bookings, Absences and Cancellations)
- The information supplied on this form is current and up to date
- It is my/our responsibility to notify the service of any change to booking details

Parent/Carer 1 Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Carer 2 Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

<b>OFFICE USE ONLY</b> : Date & Time Received:	Date Entered:	By Whom:
<b>Priority of Access Status:</b> <input type="checkbox"/> <b>First Priority</b> - a child at risk of serious abuse or neglect <input type="checkbox"/> <b>Second Priority</b> - a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the 'A New Tax System (Family Assistance) Act 1999' <input type="checkbox"/> <b>Third Priority</b> - any other child	<b>Category in Priority:</b> <input type="checkbox"/> chn in Aboriginal & TS families <input type="checkbox"/> chn in families which include a disabled person <input type="checkbox"/> chn in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$41 026 for 2012-2014, or who whose partner are on income support <input type="checkbox"/> chn in families from a non-English speaking background; <input type="checkbox"/> chn in socially isolated families <input type="checkbox"/> chn of a single parent	