



2025 OSHC PERMANENT BOOKING FORM

CHILD'S NAME: _____

CHILD'S CLASS: _____

TICK THE DAY/S YOUR CHILD WILL BE ATTENDING THE PROGRAM

BEFORE SCHOOL CARE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL

AFTER SCHOOL CARE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL

Start Date for OSHC for 2025: _____

CHILD CARE BENEFIT INFORMATION:

All families need to provide their Customer Reference Numbers that are registered with the Family Assistance Office (FAO).

Please tick if your C.R.N's have previously been supplied to this service:

Please Note that the service must be informed about all cancellations to ensure correct staffing and keep the service costs minimal. If the service is not informed about cancellations via phone, text or Cancellation form 48 hours before the start of the booked session this will result in being charged for that session.

Parent Signature: _____

Educator Notified: _____