

Approved Provider: Mayfield State School P & C Assoc. Service: Mayfield State School OSHC

CCS Service Id 190 015 709A

Permanent Booking Form: Before and After School Care

2020

Child's name (C1) _____

Child's name (C2) _____

Child's name (C3) _____

Child's name (C4) _____

Start Date _____ End Date _____

	Before School Care Session 6.45am – 9.00am					After School Care Session 3.00pm – 6.00pm				
	mon	tues	wed	thu	fri	mon	tues	wed	thu	fri
C1										
C2										
C3										
C4										

Notes _____

By making a booking you allocate a place to your child and agree to pay all fees. You can cancel the booking if you let us know by 6pm the business day before attendance. After that, whether or not your child attends, the session fee (refer to Fee Schedule) will be charged to your account.

Signature of parent/guardian _____ Date _____

Approved Provider: Mayfield State School P & C Assoc. Service: Mayfield State School OSHC

CCS Service Id 190 015 709A

Permanent Booking Form: Before and After School Care

2020

Child's name (C1) _____

Child's name (C2) _____

Child's name (C3) _____

Child's name (C4) _____

Start Date _____ End Date _____

	Before School Care Session 6.45am – 9.00am					After School Care Session 3.00pm – 6.00pm				
	mon	tues	wed	thu	fri	mon	tues	wed	thu	fri
C1										
C2										
C3										
C4										

Notes _____

By making a booking you allocate a place to your child and agree to pay all fees. You can cancel the booking if you let us know by 6pm the business day before attendance. After that, whether or not your child attends, the session fee (refer to Fee Schedule) will be charged to your account.

Signature of parent/guardian _____ Date _____