

BELLINGEN Centre

OFFICE PH: 02 6655 2323

Centre PH: 0408 057 944



OOSH SERVICES

NOT FOR PROFIT

After School Care

After School Care Term 1 Bookings 2012

FAMILY NAME		Child/ren have bus pass number: <input type="checkbox"/> 930 <input type="checkbox"/> 931 <input type="checkbox"/> 2093 No surcharge required.
TELEPHONE		
CHILD/REN'S NAMES		CRN
		CRN
		CRN
		CRN

CHILD IN CARE RATE
Please indicate (✓) how many children from your family will be using childcare that is CCB approved:

1 2 3 4

Please provide your Child Care Percentage (as provided to you by Centrelink): _____ %

Please book appropriate days

WK	DATES	MON	TUES	WED	THUR	FRI
1 1204	January 23 - 29	School Holidays	School Holidays	School Holidays	School Holidays	Pupil Free Day (Check with your school) 27 th Jan
2 1205	January 30- February 05	30 th Jan	31 st Jan	1 st Feb	2 nd Feb	3 rd Feb
3 1206	February 06 – 12	6 th Feb	7 th Feb	8 th Feb	9 th Feb	10 th Feb
4 1207	February 13 – 19	13 th Feb	14 th Feb	15 th Feb	16 th Feb	17 th Feb
5 1208	February 20 – 26	20 th Feb	21 st Feb	22 nd Feb	23 rd Feb	24 th Feb
6 1209	February 27 - March 04	27 th Feb	28 th Feb	29 th Feb	1 st Mar	2 nd Mar
7 1210	March 05 -11	5 th Mar	6 th Mar	7 th Mar	8 th Mar	9 th Mar
8 1211	March 12 – 18	12 th Mar	13 th Mar	14 th Mar	15 th Mar	16 th Mar
9 1212	March 19 – 25	19 th Mar	20 th Mar	21 st Mar	22 nd Mar	23 rd Mar
10 1213	March 26 – Apr 01	26 th Mar	27 th Mar	28 th Mar	29 th Mar	30 th Mar
11 1214	April 02 - 05	2 nd April	3 rd April	4 th April	5 th April	6 th April CLOSED

*** PLEASE NOTE: Session Fee for Booked Care is \$18.00, Bus surcharge \$1.10 per day/ per child.**

I AGREE TO THE CONDITIONS OF THE FEE POLICY.

Parent/Guardian Name _____

Signature _____

Date ____/____/____

TO LODGE THIS BOOKING FORM

MAIL TO:	OR FAX TO:	OR HAND DELIVER TO:
Open Arms Care Inc. Bellingen Children's Centre 1 Elliot Close, BELLINGEN 2454	ASC Bookings 6655 2325	Open Arms Care Inc. Bellingen OOSH Centre Bellingen Children's Centre