

NORTH ADELAIDE OSHC 2019 COMPLYING WRITTEN AGREEMENT (CWA) BEFORE SCHOOL CARE & AFTER SCHOOL CARE PERMANENT BOOKINGS

Child's Surname: _____ First Name: _____

Date of Birth: ____ / ____ / ____ Child's CRN: ____ - ____ - ____ - ____ - ____

Medicare No: ____ - ____ - ____ - ____ - ____ - ____

Is the child linked to the: Mother Father Guardian (Please tick - For Centrelink Purposes)

Linked Parent Name: _____ Date of Birth: ____ / ____ / ____

Parent CRN: ____ - ____ - ____ - ____ - ____ - ____

Commencement Date: ____ / ____ / ____ Parent Contact Number: _____

Type of Enrolment: (Tick One)

Permanent Session only (Casual not included) Permanent Sessions with casual permitted

Casual enrolment – no routine session are included

Child Care Subsidy or Additional Child Care Subsidy can be paid? YES NO

| | BSC: 7.30AM TO 8.40AM | ASC: 3:00AM TO 6:00PM |
|------------------|--------------------------|--------------------------|
| MONDAY | <input type="checkbox"/> | <input type="checkbox"/> |
| TUESDAY | <input type="checkbox"/> | <input type="checkbox"/> |
| WEDNESDAY | <input type="checkbox"/> | <input type="checkbox"/> |
| THURSDAY | <input type="checkbox"/> | <input type="checkbox"/> |
| FRIDAY | <input type="checkbox"/> | <input type="checkbox"/> |

ACKNOWLEDGEMENT OF FEES

BSC Permanent Session \$10 BSC Casual Session \$11 ASC Permanent Session \$20

ASC Casual Session \$22 VACATION CARE / PUPIL FREE session \$50 (advance bookings) or \$55

PARENT DECLARATION

- I understand that once approved, this will replace the existing complying written agreement .
- I understand that ANY changes to the CWA must be approved by the service before implementing
- I understand that I will receive weekly invoices on a Tuesday. Payments can be made via BPOINT or Eftpos. Cash payments will not be accepted by the service.

Parent Name: _____ Signature: _____ Date: _____