

**NORTH ADELAIDE OSHC 2020 COMPLYING WRITTEN AGREEMENT (CWA)
BEFORE SCHOOL CARE & AFTER SCHOOL CARE PERMANENT BOOKINGS FOR
TERM 3 2020**

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 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: 3:00PM 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 \$22

ASC Casual Session \$24 VACATION CARE / PUPIL FREE session \$54 (advance bookings) or \$59

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. Cash payments will not be accepted by the service.

Parent Name: _____ Signature: _____ Date: _____