



2017

Coomera Anglican College Outside School Hours Care

Before School Care and After School Care Booking Form

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Please indicate when you require care:

TERM _____ YEAR _____ START DATE: _____

Please Tick	Before School Care	After School Care	APS or cocurricular attendance
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I/we understand that fees are payable even when my child is absent from the service. Should my child be absent, I will notify the Centre by 12pm of the day that care is booked.

I/we agree to pay the fees for the days my child is booked in at the service on a weekly basis. I/we acknowledge that if fees become more than two weeks in arrears, access to the service will be withdrawn until all fees are bought up to date.

I/we understand that After School Care closes at 6pm.

I/we understand that if we are late to collect our child/children, an initial late fee will be charged. I/we understand that in addition to the late fee, a charge of \$1.00 per minute per child will be payable after 6pm.

I/we agree to complete a 2017 Enrolment Form and update emergency contact details should they change at any time.

Parent/Guardian name: _____ Signature: _____

Parent/Guardian name _____ Signature: _____

Date: _____

