

Alberton OSHC Complying Written Arrangement for Child Care Subsidy/Booking Form

Please confirm acceptance of the following items so that our Service can receive Child Care funding on your behalf and reduce your fees.

This agreement is for term 1 and 2 2024 unless indicated otherwise

Parties to the Agreement

Between (parent name and address)	
And	Alberton Primary School Governing Council Inc. ABN: 14 578 879 785
For the Care of (child' name)	
By	Alberton Primary OSHC Ph: 8447 1641/ 0427 559 681 Email: Alberton.OSHC603@schools.sa.edu.au

Routine/ongoing care (first prices is for school aged children/second price for pre-school)

Day	Care Required	Session start	Session end	Fee	Unit
Monday	BSC	: am	8:35am	\$18.00/\$21.00 (pre-school)	Session
	ASC	3:00 pm	: pm	\$33.00/\$36.00 (pre-school)	Session
Tuesday	BSC	: am	8:35 am	\$18.00/\$21.00 (pre-school)	Session
	ASC	3:00 pm	: pm	\$33.00/\$36.00 (pre-school)	Session
Wednesday	BSC	: am	8:35am	\$18.00/\$21.00 (pre-school)	Session
	ASC	3:00pm	: pm	\$33.00/\$36.00 (pre-school)	Session
Thursday	BSC	: am	8:35am	\$18.00/\$21.00 (pre-school)	Session
	ASC	3:00pm	: pm	\$33.00/\$36.00 (pre-school)	Session
Friday	BSC	: am	8:35am	\$18.00/\$21.00 (pre-school)	Session
	ASC	3:00pm	: pm	\$33.00/\$36.00 (pre-school)	Session

Casual/flexible care

Day	Fee	Unit
School Fee – BSC	\$22.00	Session
Pre-school-BSC	\$25.00	Session
School – ASC	\$37.00	Session
Pre-school-ASC	\$38.00	Session

I confirm:

- the details I have provided above are true and correct
- I have agreed to the days of care and the start and end times of these sessions
- care may be provided on a casual or flexible basis where available at the Service in addition to routine care and
- I am liable to pay fees for my child's care as indicated above and in line with other information the Service makes available to me (such as a Fee Schedule) which are subject to change over time based on advice from the Provider.

Parent/Guardian Signature

Date / /

Commencement Date: _____

Completion Date _____