



OSHCare Booking Form April 2026 Vacation Care

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|--------------------|-------------|--|
| Name of Child (1): | Year Level: | |
| Name of Child (2): | Year Level: | |
| Name of Child (3): | Year Level: | |
| Name of Child (4): | Year Level: | |

Please indicate days by placing an "X" in the relevant days required.

| Week 1 | MONDAY 6/04/2026 CLOSED | TUESDAY 7/04/2026 <input type="checkbox"/> | WEDNESDAY 8/04/2026 <input type="checkbox"/> | THURSDAY 9/04/2026 <input type="checkbox"/> | FRIDAY 10/04/2026 <input type="checkbox"/> |
|---------------|--|---|--|--|--|
| Week 2 | MONDAY 13/04/2026 <input type="checkbox"/> | TUESDAY 15/04/2026 <input type="checkbox"/> | WEDNESDAY 16/04/20206 <input type="checkbox"/> | THURSDAY 17/04/2026 <input type="checkbox"/> | FRIDAY 18/04/2026 <input type="checkbox"/> |

All outstanding Before/After School Care fees must be **paid** in full before your child attends Vacation Care or payment arrangements made with the Accounts Department.

To assist with rostering and planning, please return your Booking Forms 27 March 2026 via email to oshcare@mccmky.qld.edu.au or handed in at the OSHCare Centre or Primary Reception.

NO Xplor App bookings will be accepted unless you are on the waitlist should we reach capacity.

MEDICATION: If your child receives any daily medication during the term, you will be required to continue medication during vacation care. Please ensure paperwork is completed by the first day of vacation care and medication is supplied to the RP or Chantal.

Cancellation to bookings close on **27th March 2026**. Cancellations made after this date will be charged unless we are able to fill that spot from the waitlist, as staffing arrangements and resources purchased, have been made based upon these numbers. If your child is absent, the normal day fee applies. This may reduce depending on your Child Care Subsidy.

School resumes **Monday 20th April 2026**. Please ensure you have read the Important Information in the Program.

Parent/Carer Name: _____
 Parent/Carer Signature: _____
 Date: _____

OSH Coord. Name: _____
 OSH Coord. Signature: _____
 Date: _____