OSHCare Booking Form (3)
December 2025 January 2026 Vacation Care

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.

					Friday 5/12/2025 ☐
Week 1	**MONDAY** 8/12/2025 ☐	**TUESDAY** 9/12/2025 ☐	**WEDNESDAY** 10/12/2025 ☐	**THURSDAY** 11/12/2025 ☐	**FRIDAY** 12/12/2025 ☐
Week 2	**MONDAY** 15/12/2025 ☐	**TUESDAY** 16/12/2025 ☐	**WEDNESDAY** 17/12/2025 ☐	**THURSDAY** 18/12/2025 ☐	**FRIDAY** 19/12/2025 ☐
Week 3			**WEDNESDAY** 07/01/2026 ☐	**THURSDAY** 08/01/2026 ☐	**FRIDAY** 09/01/2026 ☐
Week 4	**MONDAY** 12/01/2026 ☐	**TUESDAY** 13/01/2026 ☐	**WEDNESDAY** 14/01/2026 ☐	**THURSDAY** 15/01/2026 ☐	**FRIDAY** 16/01/2026 ☐
Week 5	**MONDAY** 19/01/2026 ☐	**TUESDAY** 20/01/2026 ☐	**WEDNESDAY** 21/01/2026 ☐	**THURSDAY** 22/01/2026 ☐	**FRIDAY** 23/01/2026 ☐

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 by **26/11/2025** via email to oshcare@mccmky.qld.edu.au or handed in at the OSHCare Centre or Providence 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 **Friday 28 November 2025**. **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 **Tuesday 27 January 2026**. Please ensure you have read the Important Information in the Program.

Parent Name: _____ OSH Coord. Name: _____

Parent Signature: _____ OSH Coord. Signature: _____

Date: _____ Date: _____