# OSHCare Booking Form
# June/July 2025 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.

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|---|
| **Week 1** | MONDAY 30/06/2025 ☐ | TUESDAY 1/07/2025 ☐ | WEDNESDAY 2/07/2025 ☐ | THURSDAY 3/07/2025 ☐ | FRIDAY 4/07/2025 ☐ |
| **Week 2** | MONDAY 7/07/2025 ☐ | TUESDAY 8/07/2025 ☐ | WEDNESDAY 9/07/2025 ☐ | THURSDAY 10/07/2025 ☐ | FRIDAY 11/07/2025 |
| **Week 3** | MONDAY 14/07/2025 ☐ | TUESDAY 15/07/2025 ☐ | WEDNESDAY 16/07/2025 ☐ | THURSDAY 17/07/2025 ☐ | FRIDAY 18/07/2025 |

All outstanding Before/After School Care fees must be **paid** in full before your child attends Vacation Care, or payment arrangements put in place.

To assist with rostering and planning, Booking Forms should be returned by ***Friday 21 June,*** at the latest 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. You will be contacted to either administer medication or collect your child if behaviours escalate. 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 ***Wednesday 25 June 2025.*** **Cancellations made after this date will be charged unless we are able to fill that spot from the waitlist,** as staffing arrangements 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.

If your child is not attending vacation Care, please advise as soon as possible.

School resumes **Monday 21 June 2025**. Please ensure you have read the Important Information Page in the Program.

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