

MACKAY CHRISTIAN COLLEGE

Christian Education on Purpose



OSHCare Booking Form September/ October 2025 Vacation Care

Nier	f Child (4)							Year Level:	
Name of Child (1):									
Name of Child (2):								Year Level:	
	F	Please	indicate days by	placing	g an "X" in the rele	evant da	ays required.		
/eek 1	MONDAY 22/09/2025 INCURSION (Please bring gold coin)		TUESDAY 23/09/2025		WEDNESDAY 24/09/2025		THURSDAY 25/09/2025 EXCURSION (additional charges apply		FRIDAY 26/09/2025 (Please bring gold coin)
Veek 2	MONDAY 29/09/2025		TUESDAY 30/09/2025 INCURSION (additional charge)		WEDNESDAY 01/10/2025		THURSDAY 02/10/2025 INCURSION		FRIDAY 03/10/2025 INCURSION
R	NO Xplor App MEDICATI continue me	bookir ION: I	ngs will be accep f your child recei on during vacatio	ted unl ves any on care	ess you are on the daily medication (Including Asthmur child if behavio	e waitlis during a Medio	st should we re the term, you cations) You w	each capacit will be requ ill be conta	t <u>v.</u> i <u>ired to</u> cted to
n d <mark>If</mark>	Cancellation to b vill be charged u nade based upo lepending on you f your child is <u>no</u>	ooking nless v n thes ur Chil <u>t</u> atter	s close on Wedr we are able to fil e numbers. If yo d Care Subsidy. Iding vacation Ca	nesday I that s our chil ore, ple	17 September 20 pot from the wait d is absent, the n ase advise as soon ase ensure you ha	25. Cai list, as s ormal c	ncellations ma staffing arrango day fee applies ssible.	de after th ements hav . This may	is date e been reduce
	age in the Progr		., - 2010001 201						
	Parent Name:				OSH Coo	rd. Nam	ne:		
	Parent Signatur			OSH Coord. Signature:					
	Dat			Date:					