



# MACKAY CHRISTIAN COLLEGE

We Love | We Care | We Learn



## OSHCare Booking Form Winter Vacation Care 2024

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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	24/06/24 <input type="checkbox"/>	25/06/2024 <input type="checkbox"/>	26/06/2024 <input type="checkbox"/>	27/06/2024 <input type="checkbox"/>	28/06/2024 <input type="checkbox"/>
2	1/07/24 <input type="checkbox"/>	2/07/2024 <input type="checkbox"/>	3/07/2024 <input type="checkbox"/>	4/07/2024 <input type="checkbox"/>	5/07/2024 <input type="checkbox"/>
3	8/07/2024 <input type="checkbox"/>	9/07/2024 <input type="checkbox"/>	10/07/2024 <input type="checkbox"/>	11/07/2024 <input type="checkbox"/>	12/07/2024 <input type="checkbox"/>

All outstanding Before/After School Care fees must be **paid** in full before your child attends Vacation Care.

To assist with rostering and planning, Booking Application forms should be returned by **Friday, 14 June 2024** at the latest via email to [oshcare@mccmky.qld.edu.au](mailto: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 all paper work is completed by the first day of vacation care and medication is handed to the RP or Chantal.

Cancellation to bookings close on **Friday, 14 June 2024**. **Cancellations made after this date will still be charged Unless we are able to fill that spot from the waitlist, as** 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 Benefit.

School resumes **Monday 15 July 2024**.

Please ensure you have read the Helpful information in the Program.

Parent Name: \_\_\_\_\_

OSH Coord. Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

OSH Coord. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Your bookings will be confirmed within the last week of term via email from the OSHCare Coordinator.**