

Alberton OSHC Complying Written Arrangement for

Child Care Subsidy/Booking Form

Dear families, please confirm acceptance of the following items so that our Service can receive Child Care funding on your behalf and reduce your fees.

Parties to the Agreement

Between (parent name and address)	
And	Alberton Primary School Governing Council Inc. ABN: 14 578 879 785
For the Care of	
By	Alberton Primary OSHC Email: dl.0202.oshc@schools.sa.edu.au Ph: 8447 1641/ 0401 121 779

Routine/ongoing care

Day	Care Required	Session start	Session end	Fee	Unit
Monday	BSC	: am	8:30am	\$14.50	Session
	ASC	3:00 pm	: pm	\$26.00	Session
Tuesday	BSC	: am	8:30 am	\$14.50	Session
	ASC	3:00 pm	: pm	\$26.00	Session
Wednesday	BSC	: am	8:30am	\$14.50	Session
	ASC	3:00pm	: pm	\$26.00	Session
Thursday	BSC	: am	8:30am	\$14.50	Session
	ASC	3:00pm	: pm	\$26.00	Session
Friday	BSC	: am	8:30am	\$14.50	Session
	ASC	3:00pm	: pm	\$26.00	Session

Casual/flexible care

Day	Fee	Unit
Any – BSC	\$14.50	Session
Any - ASC	\$26.00	Session

I confirm:

- the details I have provided above are true and correct
- I have agreed to the days of care and the start and end times of these sessions
- care may be provided on a casual or flexible basis where available at the Service in addition to routine care and
- I am liable to pay fees for my child's care as indicated above and in line with other information the Service makes available to me (such as a Fee Schedule) which are subject to change over time based on advice from the Provider.

Date / /

Parent/Guardian Signature

Commencement Date: _____

Completion Date: _____