



Before and After School Care Application Form

ABBOTSLEIGH

PLEASE PRINT ALL DETAILS CLEARLY

CHILD: First name: _____ Surname: _____

MOTHER: Salutation: _____ First Name: _____ Surname: _____

Phone (H): _____ Phone (W): _____ Phone (M): _____

FATHER: Salutation: _____ First Name: _____ Surname: _____

Phone (H): _____ Phone (W): _____ Phone (M): _____

EMAIL ADDRESS: (For billing emails. One address is sufficient if you prefer.)

Mother: _____

Father: _____

Additional Authorised Adults / Emergency Contacts (Other than principle carers)

These additional people have permission to collect my child from the After School Care Centre.

Unlisted adults must have permission to collect from ASC.

Name: _____

Phone: _____ Mobile: _____

Relationship to child: _____

Name: _____

Phone: _____ Mobile: _____

Relationship to child: _____

Before School Care days required on a permanent basis (7-8.15 am)

Monday

Tuesday

Wednesday

Thursday

Friday

OR

Casual basis only

After School Care days required on a permanent basis (2.30-6.30 pm)

Monday

Tuesday

Wednesday

Thursday

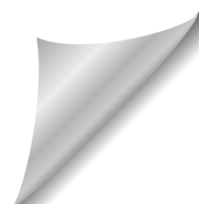
Friday

OR

Casual basis only

If your daughter is attending a casual session at After School Care, please make a note in her diary advising of such.

All children must be collected from the centre NO LATER THAN 6.30 pm. Late fee of \$6 per minute applies.





AUTHORITY FOR AUTOMATIC DEDUCTION OF PAYMENTS

ABBOTSLEIGH

PLEASE PRINT ALL DETAILS CLEARLY

DIRECT DEBIT: (Please fill in bank or credit card)

Bank name: _____

BSB: _____

Account number: _____

Account name: _____

Bank account direct debit is fee free.

MasterCard:

Visa:

Unfortunately we do
not accept AMEX

Card number: _____

Expiry date: ____/____

Name on card: _____

Credit card fees of 0.9% and \$0.75 apply.

Failed transaction fee of \$2.75 applies.

I confirm that I understand that monthly deductions will be made from my nominated account to cover the cost of Abbotsleigh Before and After School Care fees.

Signature: _____

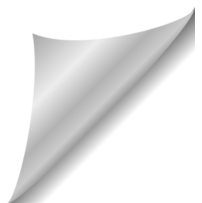
Date: _____

IMPORTANT:

You will receive a statement at the end of each month.

Direct debit will then run two days after statement issue.

Charge will appear on your card or bank statement as 'Hubhello Childcare'.





ABBOTSLEIGH

Before and After School Care Complying Written Arrangement

I WILL NOT be claiming childcare subsidy for this enrolment:

PLEASE NOTE: You will be **unable to back claim** any attendances for this enrolment if you select this option.

OR

I WILL be claiming childcare subsidy for this enrolment:

To claim childcare subsidy you must have registered with Centrelink for approval since 2 July 2018.

Visit www.humanservices.gov.au or phone 136 150 for CRN details

CHILD: Date of birth: / / CRN: _____

SUBSIDY LINKED PARENT: Name: _____

Parent date of birth: / / CRN: _____

DATE that you wish to begin accessing subsidised care: ___/___/___

I, _____ (Name), confirm that I am entering into a Complying Written Arrangement with:

Provider: The Council of Abbotsleigh

Email: headmistress@abbotsleigh.nsw.edu.au

Phone: 0294737700

Service: Abbotsleigh After School Care and Vacation Care.

I confirm that I am liable for the fees listed in the Before and After School Care handbook available at the centre and as below

Session Description	Fee Type	Fee Amount	Session Length
BSC Permanent Fee	Flat rate	\$17	01:15
BSC Casual Fee	Flat rate	\$19	01:15
ASC Permanent Fee	Flat rate	\$22	03:30
ASC Casual Fee	Flat rate	\$25	03:30
Late Fee	Not eligible for Subsidy	\$6 per minute	
Registration Fee	Not eligible for Subsidy	\$10 per year	

If I choose to access Vacation care, I confirm the fees are as listed in the Vacation Care handbook and as below:

Session Description	Fee Type	Fee Amount	Session Length
VAC Junior Activities	Flat rate	\$60	10:30
VAC Extended Hours	Flat rate	\$20	04:00
VAC Extended Hours Sibling	Flat rate	\$10	04:00
VAC Excursions	Flat rate	\$85	10:30

I acknowledge that these rates are subject to change and will be amended in the relevant handbooks.

I acknowledge that care is available on a fixed or casual basis as I have indicated on this application form.

SIGNED: _____

OFFICE USE ONLY:

PENDING ELIGIBILITY

CONFIRMED

CEASED

_____ %

PENDING CONFIRMATION

DISPUTED

_____ HOURS

RECEIVED

REJECTED

ENROLMENT SUBMITTED

HFN:

GRAD:

MA: Y/N

HW	DB
CC	
MED	