



#### 4/PARENTS INFORMATION

Details	Mother / Guardian	Father / Guardian
Name		
Address		
Home Telephone		
Work Telephone		
Mobile		
Email		
Occupation		

#### 5/ FAMILY STATUS Please tick as appropriate

One Parent Family	One Parent Working	
Two Parent Family	One Parent Working	Both Parents Working

#### 6/ EMERGENCY CONTACT (if parents are unable to be contacted)

Details	1 <sup>st</sup> Preference	2 <sup>nd</sup> Preference
Name		
Address		
Relationship to child		
Home		
Work		
Mobile		

#### 7/ FEES

<b>Morning</b>	\$13 per morning.	
<b>Afternoon</b>	\$9 if picked up before 4pm	\$25 if after 4pm
<b>Afternoon 4pm)</b>	\$25 per afternoon (\$9 if collected before 4pm) *Subject to change	<b>\$15 per every 15 minutes(or part thereof) after 6:30pm</b> *Subject to change

**Billing** Fees are charged at the above rates, determined by the Centre, and billed monthly in arrears. Fees rise annually.

#### CANCELLATIONS

Two (2) weeks' notice is required *in writing* to the Coordinator to cancel a **permanent booking**. One (1) day's notice is required for cancellation of casual bookings. **If you have made a booking and you do not give notice that your child will not be attending, you will be charged.**

**Please email: [baasc@pacifichills.net](mailto:baasc@pacifichills.net) before 11.00am) OR Call JSO: 9651 0756**

#### 8/ CONSENT

Whilst every care will be taken of your child/children while they are at the Centre, the staff can in no way be held responsible for any accident, which may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents before such treatment is sought. However, should this not be able to be done it will be necessary for authority to be given for the treatment to be undertaken. Parents are therefore asked to complete and sign the following

*I hereby give permission for the staff at Pacific Hills Christian School – After School Care Centre to seek medical attention for the above child/children in the event of an accident/emergency.*

<b>Signature of Parent/ Guardian</b>	<b>Date</b>
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I / We certify that the information given above, to the best of my / our knowledge is correct. I / We also agree to pay all fees as they become due.

<b>Signature of Parent/ Guardian</b>	<b>Date</b>
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