



Merinda Park Learning & Community Centre Inc

A0028764B
 Melways Ref. 129 F8
 Phone: (03) 5996 9056
 Fax: (03) 5996 9434

ABN 69 093 616 835
 RTO 3952
 141-147 Endeavour Drive, Cranbourne North 3977
 P.O. Box 7144 Cranbourne North 3977

Email: admin@merindapark.com.au

Web: www.merindapark.com.au

TYPE OF CARE REQUIRED AS PRIORITISED BY GOVERNMENT

Why do you require care for your child/ren: (please tick if you fit into priority 1, 2 or 3). If you tick box 3 complete table 2.

Table 1

Priority No.		Tick
1.	Child at risk	
2.	A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the "A New Tax system (Family Assistance) Act 1999" <i>Place of Study/Training:</i> <i>OR Place of Work:</i>	
3.	Any other child (Please indicate reason)	

If you ticked Priority 3 in Table 1, please tick one box below

Table 2

Special needs	
Child in family that includes a disabled person	
Child in a family that includes parent/s with a disability	
Child of Aboriginal or Torres Strait Islander family	
Child in a family with non-English speaking background	
Child of socially isolated family	
Child of a family which include an individual whose taxable income % to the family assistance is 100%	
Non work related	



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**ATTENDANCE BOOKING SHEET
THIS FORM TO BE COMPLETED BY FAMILIES USING OSHC
FEE PAYMENT DETAILS FOR OUT OF SCHOOL HOURS**

Child's Surname	Child's Name	D.O.B	Grade	School

Please circle which care is required: **Before School Care / After School Care / Vacation Care**

Day and Type of Care Permanent/Casual **START DATE** - _____

For Before and After School Care Only:

	Mon	Tues	Wed	Thurs	Fri
Before School					
After School					

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES

(This person must be registered for CCB with the FAO)

NAME _____ Phone _____

Address _____ Postcode _____

Driver's Licence # _____

Email address for accounts: _____ @ _____

Note: Statements posted in the mail will incur a \$2.00 fee each fortnight.

I, _____ accept responsibility for the payment of accounts relating to the care for the abovementioned child/ren

Do you use any other childcare centre for any other child/ren any time during the week that your child/ren attend at Merinda Park Learning and Community Centre? Yes / No

Number of Children attending another Day Care Centre?

Please list children names attending another Centre:

Do you want your full CCB entitlement applied to this account? Yes / No

If you are claiming lump sum CCB from Centrelink, we still require your child's and your own CRN's.

I understand the fee charging procedure for attendances, absences, allowable absences as explained in the Out of School Hours Care handbook I have received and read.

Signature: _____ Date: _____

Name of person signing: _____

A copy of this section will be forwarded to the Accounts Officer.

Please note if your child/ren are not registered with Centrelink and you have not supplied us with yours and your child/rens CRN's, CCB cannot be taken off your account and you will not receive a rebate from the Family Assistance Office.