



Merinda Park Learning & Community Centre Inc

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**ATTENDANCE BOOKING SHEET
THIS FORM TO BE COMPLETED BY FAMILIES USING OCCASIONAL CARE
FEE PAYMENT DETAILS FOR OCCASIONAL CARE 2020**

Child's Surname	Child's First Name	Date of Birth

START DATE - _____

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES

(This person must be registered for CCS with the FAO and be the Family CRN holder)

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.

What is your Child Care Subsidy percentage? _____% Number of hours of care per fortnight _____

Fees

5 Hours (before CCS financial assistance) \$ 40.00

If you would like your payment taken directly out of a credit card, please see reception for a Direct Debit request form.

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

Signature: _____ Name: _____ Date: _____

This form will be forwarded to the Accounts Officer for processing before being filed in your child's file.

*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, CCS cannot be taken off your account and you **will not** receive a rebate from the FAO/ATO.*

OFFICE USE ONLY

Child's Name	Days of care confirmed				
	Mon	Tues	Wed	Thurs	Fri
			No Care available		
			Playgroup Day		