Bookings and Payment Form

Payment – Prefer "Card" or "Cheque"

September / October				
MON 29th	**TUES 30th**	**WED 1st**	**THURS 2nd**	**FRI 3rd**
Signed……..	**Signed……..**	**Signed……..**	**Signed……..**	**Signed……..**
MON 6th	**TUES 7th**	**WED 8th**	**THURS 9th**	**FRI 10th**
Signed……..	**Signed……..**	**Signed……..**	**Signed……..**	**Signed……..**

Master Card/Bank Card/Visa Card

For (OSHC, Vacation Care, etc.)

……

Please print name of Cardholder

Expiry Date

I hereby authorise Burnside OSHC to draw on my credit care for the amount of $:

Authorisation Signature of Cardholder ……

Please fill out section 1 OR 2 below

1. **Fee Calculation**

…… children x …… number of days x $40 = $..... TOTAL

2. **Child Care Benefit Recipients**

Please contact the service for information about costs.

$..... cost per day x …… number of days = $..... TOTAL

3. **Child in care elsewhere?** **YES** **NO** **(Please circle one)**