



**St. Ives Occasional Care**

*for our children, not for profit*

# Preferred Booking Form

Application for a Preferred Booking at St Ives Occasional Care Centre Inc

CODE	Time slot
A	8.30am - 4.00pm
B	8.30am - 3.30pm
C	8.30am - 3.00pm
D	9.00am - 4.00pm
E	9.00am - 3.30pm
F	9.00am - 3.00pm
G	8.30am - 12.00pm
H	8.30am - 1.00pm
I	9.00am - 12.00pm
J	9.00am - 1.00pm
K	12.00am - 3.00pm
L	12.00am - 3.30pm
M	12.00am - 4.00pm

Please complete the table below indicating one of the following:

- 1 - Indicate which sessions and time slot you require.
- 2 - Either tick "Any Day" if no preference OR select day/s of preference with tick or numbers (if more than 1 day is acceptable)

Child's name	Time slot code <small>Refer to table above for codes.</small>	Any day <small>Tick if no preference on day</small>	Specific Day Preference <small>Please tick day you prefer or place a number in order of preference (1 being most preferred)</small>				
			Monday	Tuesday	Wednesday	Thursday	Friday
Child 1:	Session 1						
	Session 2 <small>(if required)</small>						

Child 2:	Session 1						
	Session 2 <small>(if required)</small>						

I accept that if my application for a preferred place is successful that:

- I will be bound by the policies of the Centre
- I will provide 2 weeks notice in writing of my intention to cancel my preferred booking.

I agree to support the Centre through:

- Joining the SIOC Parent Committee or attending a working bee
- Attendance at, or participation in our fundraising events.

As a preferred booking family you are able to pay your fees directly into our bank account via the internet. Payment can also be made with EFTPOS, cash and cheque. Please find below our bank account details for your preferred booking payments.

**Account Name:** St Ives Occasional Care      **BSB:** 032 188      **Account Number:** 550392  
Please ensure you add your child's name in the account description field.

I understand and agree to all of the enclosed information and conditions. I accept that if I do not fulfil my obligations to support my non profit occasional care Centre I will not be eligible for a preferred booking the following year and may be required to relinquish my preferred booking at the completion of the current term.

Name and signature	Date
Address	
Email address	Contact number