| CASUAL CARE AUTHORISATION<br>Helidon   |  |  |   | CASUAL CARE AUTHORISATION Helidon  |                                   |   |   |  |   | CASUAL CARE AUTHORISATION Helidon  |   |  |  |  |  |  |                                   |
|--|--|--|---|--|-----------------------------------|---|---|--|---|--|---|--|--|--|--|--|-----------------------------------|
| Name of child  | l:   |  |   |  |                                   | Name of child   | l:  |  |   |  |   | Name of child:   |  |  |  |  |                                   |
| Date care commences:  Date care finishes:  |  |  |   |  | Date care commences:              |   |   |  |   |  | Date care commences:  Date care finishes: |  |  |  |  |  |                                   |
|  |  |  |   |  | Date care finishes:               |   |   |  |   |  |   |  |  |  |  |  |                                   |
| Please tick the child into the c   |  | you ar   | e book  | king yo  | our                               | Please tick the child into the c  |   | you ar   | e book  | king yo  | our                                       | Please tick the  |  | you ar   | e book   | king yo  | our                               |
| Week<br>Commencing   | Mon  | Tue  | Wed   | Thu  | Fri                               | Week<br>Commencing  | Mon   | Tue  | Wed   | Thu  | Fri                                       | Week<br>Commencing   | Mon  | Tue  | Wed  | Thu  | Fri                               |
|  |  |  |   |  |                                   |   |   |  |   |  |   |  |  |  |  |  |                                   |
|  |  |  |   |  |                                   |   |   |  |   |  |   |  |  |  |  |  |                                   |
|  |  |  |   |  |                                   |   |   |  |   |  |   |  |  |  |  |  |                                   |
| •I confirm that all this form are corrected to confirm I have care days and the eliminary and the eliminary and the eliminary and the eliminary and CCS eliminary and CCS eliminary and the elim | ect and request fees as attenda may reside these epending on these epending igibility. | up to deed these sociated ince how alt in acay not be my eligated additional income. | ate e addition d with the distribution e eligible ible hou nal days reporte | onal cas<br>hese da<br>ide of n<br>hours<br>le for Cours.<br>s may n<br>ed Activ | sual<br>lys.<br>ny<br>CS<br>ot be | •I confirm that all this form are corrected of the series | requested fees as attenda analy results or mading on at these epending igibility. | up to ded thes sociated nce hoult in aday not be my eligaddition on my | ate e additi d with t urs outs dditional e eligib gible hou nal days report | onal cas<br>hese da<br>ide of m<br>hours<br>le for Cours.<br>s may n<br>ed Activ | sual<br>lys.<br>ny<br>CS<br>ot be         | •I confirm that al this form are corr •I confirm I have care days and the •I agree that any booked sessions is charged which madeductions depen •I understand the eligible for CCS did Hours and CCS el I agree with Parent's Na | rect and request e fees as attenda may res ay or mading on at these ependin igibility. | up to ded these sociated ince hou ult in aday not be my eligaddition g on my | ate e addition d with the irs outs ditional e eligible ible hou hal days reporte | onal cas<br>hese da<br>ide of n<br>hours<br>le for Co<br>urs.<br>s may n<br>ed Activ | sual<br>lys.<br>ny<br>CS<br>ot be |
| Parent's Signature:  |  |  |   | Parent's Signature:  |                                   |   |   |  | Parent's Signature:   |  |   |  |  |  |  |  |                                   |
| Date   |  |  |   |  | Date                              |   |   |  |   | Date   |   |  |  |  |  |  |                                   |
|  |  |  |   |  |                                   | -   |   |  |   |  |   |  |  |  |  |  |                                   |