

## CASUAL CARE AUTHORISATION Wilsonton Heights

Name of child:  
\_\_\_\_\_

Date care commences:  
\_\_\_\_\_

Date care finishes:  
\_\_\_\_\_

Please tick the days you are booking your child into the centre.

Week Commencing	Mon	Tue	Wed	Thu	Fri

- I confirm that all details in the Enrolment Form and this form are correct and up to date
- I confirm I have requested these additional casual care days and the fees associated with these days.
- I agree that any attendance hours outside of my booked sessions may result in additional hours charged which may or may not be eligible for CCS deductions depending on my eligible hours.
- I understand that these additional days may not be eligible for CCS depending on my reported Activity Hours and CCS eligibility.

***I agree with the terms above:***

Parent's Name:  
\_\_\_\_\_

Parent's Signature:  
\_\_\_\_\_

Date  
\_\_\_\_\_

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