Samford Valley Steiner School

Samford Steiner School OSHC
September/October 2026
Holiday Program Booking Form

Hours of Operation
6:30am – 6:00pm, Monday to Friday
Late Fee:
A late fee will apply for pick-ups after 6:00pm $10 per child for the first minute, plus $3 for every minute thereafter. Late fees will be automatically debited from your account and must be paid upon receipt of your next statement.

Contact Information
If you have any queries or concerns about the planned activities or the program, please contact:
Georgia Walter: OSHC Coordinator
Phone: 0494 718 573 or (07) 3430 9614
Email: oshc@samfordsteiner.qld.edu.au

Bookings & Ratios
To ensure staff-to-child ratios are maintained as per licensing requirements, bookings and cancellations are essential.
Staff/Child Ratios:
- At the Centre: 1:11
- On Excursions: 1:8

Early Bird Bookings Close: Monday 21st September
(Casual fees will apply after this date.)

Fees Policy
Fees are payable by EFTPOS or Direct Debit.
- **Early Bird (Permanent Booking):** $100.00
- **Casual Booking:** $115.00

Cancellations:
A minimum of 7 business days' notice is required for any Vacation Care booking cancellations.
- Fees include morning and afternoon tea, and some lunches.
- Extra charges apply for excursions and incursions.
- Children must bring their own lunch daily, unless otherwise stated in the program.
- Full fees will apply until all required enrolment information and CCSS confirmation are received.
- **A 3% late fee** will be added to the outstanding balance each week after the two-week billing cycle has ended, until the account is paid in full or other payment arrangements have been made

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Child Care Subsidy (CCS):
CCS is available to all eligible families registered with Centrelink.

Essential Information for All Children:
- Personal items such as mobile phones, smart watches and other electronic devices are not permitted at the service.
- Please bring a **clearly labelled water bottle** and a **sun-safe hat** each day.
- Ensure your child has **enclosed shoes, sunscreen, and a spare change of clothes** every day.
- **Lunch and drinks** must be brought from home each day unless otherwise stated on the program. Morning and afternoon tea are provided daily during Vacation Care. Please ensure ice bricks are in children lunch boxes.
- Please **label all belongings**. OSHC is not responsible for any lost, damaged, or stolen items.
- **No toys from home**.

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Parent declaration and booking form:
This form must be returned to OSHC via **email or in person**.
Phone bookings will not be accepted.
***Early Bird Bookings Close:* Wednesday June 17th**
(Casual fees will apply after this date.)

I, _____,
hereby give permission for my child/ren listed below to attend the excursions and activities organised as part of the **2026 September/October Program**
I have read and understand the details of the program, including the types of activities and excursions involved, and I give my consent for my child/ren to participate.
I authorise the staff members and coordinator in charge to act on my behalf should my child/ren require medical attention. I understand that any associated medical costs will be my responsibility.
I acknowledge that I have read and agree to all terms and conditions outlined in the OSHC Vacation Care information.

Booking Details:

CHILD'S NAME	***MONDAY 21st September***	***TUESDAY 22nd September***	***WEDNESDAY 23rd September***	***THURSDAY 24th September***	***FRIDAY 25th September***
CHILD'S NAME	***MONDAY 28th September***	***TUESDAY 29th September***	***WEDNESDAY 30th September***	***THURSDAY 1st October***	***FRIDAY 2nd October***

SCHOOL STARTS Tuesday 6th October

PLEASE TICK:
Early Bird (Permanent booking) $100.00 **(must be booked before closing date)**

Staff Discount ☐

Casual booking $115.00 ☐

Excursions and incursions will be added additionally to your daily booking! *See program for prices.*

What times will you be requiring care? _____ to _____
NB: Enrolment Form completed. Yes / No (Please circle)
If I do not inform the service within the time frame, I agree to pay the Daily Fee and all extra costs as indicated on the program.
I have read and I understand the TERMS of AGREEMENT and agree to these con☐ns.

Date: ____/____/_____

Parent Name:_____

Parent Signature: _____