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PERMANENT BOOKING CANCELLATION FORM

To OSHC Direct	or,	
Child's Name: _		(first & surname)
mean that I nov	v only have	ermanent booking for my child, which will access to the program casually as of this school year.
Please specify b	elow which	sessions you would like cancelled:
1/ BSC	2/ ASC	3/ BOTH BSC & ASC
I understand th	at the follow	ving applies:
If my child required t - If I would to submit	does not a to pay for th like to recor a new book	If two weeks cancellation notice required. Itend in the next two weeks I am still ese sessions at a full fee. Immence a permanent booking, I will need sing request. In the next two weeks I am still ese sessions at a full fee. Immence a permanent booking, I will need sing request.
Parent/Guardia	n Signature	:
Parent/Guardia	n Name:	
Date:		
(Your printed name an	d date is sufficier	nt and is regarded as a signature)
Admin Use Only: Input date:/	./ Initia	s