

PARENT REFUND FORM

Section 1: Centre director to complete	
Centre Name:	Wishart Outside School Hours Care
Parent Account Name:	
Parent Account Number:	
Amount to be refunded:	
Reason for refund:	
Last day of attendance:	

Section 2: Parent/Account holder to complete			
Name:			
Address:			
Phone number:			
Name of Bank:			
Account Name:			
Last day of attendance:			
BSB:		Account number:	
Account type: <i>(Please circle)</i>		<p style="text-align: center;">Savings Cheque</p> <p><i>Please note: refunds cannot be placed on to a credit card</i></p>	

Parent Refunds will only be processed once all entitlements have been paid to the service.

<i>I confirm that the above details are true and correct.</i>			
Parent Name:		Date:	
Parent Signature:		Date:	
Staff Signature:		Date:	