



# December **BOOKING FORM VACATION CARE**

## **St Vincent's OSHC, Clear Island Waters**

Please tick the days you require for each child/ren.

Child's Name	DOB	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M		
		7 /12	8 /12	9 /12	10/12	11/12	14 /12	15 /12	16 /12	17 /12	18 /12	21 /12	22 /12	23 /12	24 /12	/	/	/	/	/	/	/	/	/
I = Incursion, E = Excursion N = Normal In House day		N	N	I	N	I	N	I	N	N	N	I	N	N	I									
FEES FOR THE WHOLE DAY PER CHILD		\$46	\$46	\$61	\$46	\$61	\$46	\$61	\$46	\$46	\$46	\$61	\$46	\$46	\$61									

Please note the dates of excursion and incursion days.  
**EXCURSION PERMISSION FORMS** must be completed in order for your child/ren to attend on excursion days.

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Parent/carer name: Mobile phone:

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Address: Work phone:

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Suburb/postcode: Home phone:

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Email address:

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## PARENT/CARER AGREEMENT

- I/we acknowledge that my child/ren are currently enrolled and have completed Catholic Early EdCare's enrolment forms at

### St Vincent's OSHC , Clear Island Waters

This information will be made available if your child/ren is/are attending another Catholic Early EdCare Service.

- I/we agree to the terms and conditions relating to bookings, amendments to bookings and the cancellation of bookings as detailed in the Catholic Early EdCare Fees Policy.
- I/we acknowledge that vacation care bookings may be in jeopardy unless accounts are paid up to date.
- I/we agree to pay the schedule fees for the bookings nominated above as per Catholic Early EdCare policy.
- I/we understand that this booking form is due back by Friday 20/11/2020 or my bookings will be charged at a casual rate of **\$5.00** additional to the fees for the whole day.  
Date

\_\_\_\_\_  
Parent/Carer Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

Date Received:

Received By:

Account Paid: Term: Yes/No Vacation Care: Yes/No Casual Rate: Yes/No Entered Date: