



January **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	
		11/1	12/1	13/1	14/1	15/1	18/1	19/1	20/1	21/1	22/1	25/1	/	/	/	/	/	/	/	/	/	/	/

I = Incursion, E = Excursion N = Normal In House day		N	I	N	E	N	N	I	I	N	N	N	_____										
FEES FOR THE WHOLE DAY PER CHILD		\$46	\$61	\$46	\$71	\$46	\$46	\$61	\$61	\$46	\$46	\$46	_____										

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.

Parent/carer name:	Mobile phone:
Address:	Work phone:
Suburb/postcode:	Home phone:
Email address:	



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 11/12/20 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: