



January BOOKING FORM VACATION CARE

St Vincents OSHC, Clear Island Waters

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

Child's Name	D0B	M 10/1	T 11/1	W 12/1	TH 13/1	F 14/1	M 17/1	T 18/1	W 19/1	TH 20/1	F 21/1	M 24/1	T /	W /	T /	F /	M /
I = Incursion, E = Excursion N = Normal In House day		N	N	I	N	I	N	E	I	N	N	N					
FEES FOR THE WHOLE DAY PER CHILD		\$49	\$49	\$64	\$49	\$64	\$49	\$74	\$64	\$49	\$49	\$49					

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

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 13/12/2021 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: