

# BOOKING FORM VACATION CARE

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 | T | W | T | F | M |
|---|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |     | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
|   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| I = Incursion, E = Excursion<br>N = Normal In House day |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| FEES FOR THE WHOLE DAY PER CHILD                        |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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 \_\_\_\_\_ or my bookings will be charged at a casual rate of \_\_\_\_\_ 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: