

# BOOKING FORM VACATION CARE

## OUTSIDE SCHOOL HOURS 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
I = Incursion, E = Excursion 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.

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 \_\_\_\_\_  
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 and vacation care fees are paid in advance at the commencement of booking the vacation care program.
- I/we agree to pay the scheduled fees for the bookings nominated above as per Catholic Early EdCare's Fee Policy.
- I/we understand that this booking form is due back by \_\_\_\_\_ or bookings will be charged at a casual rate of \_\_\_\_\_ additional to the fees for the whole day.  
Date

_____	_____
Parent/Carer Signature	Date