

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 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.
- 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: