

# BOOKING FORM - HALF DAY (LAST DAY OF SCHOOL)

Please list the child/ren you wish to book below.

Child's Name	DOB
FEES PER CHILD	\$
Parent/carer name:	
<b>Parent/Carer Agreement</b>	

- 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 agree to pay the scheduled fees for the bookings nominated above as per Catholic Early EdCare Fees Policy.
- I/we understand that this booking form is due back \_\_\_\_\_ or my booking will be charged at a casual rate of \_\_\_\_\_ by additional to the fees  
Date

\_\_\_\_\_

Parent/carer signature

\_\_\_\_\_

Date