

Cobbler Creek Vacation Care Booking Sheet July 2020

Family Name: _____

Child's Name: _____ Yr Level _____
 Child's Name: _____ Yr Level _____
 Child's Name: _____ Yr Level _____
 Child's Name: _____ Yr Level _____

Please TICK or HIGHLIGHT ONLY the days you will require.

Monday 6 July	Tuesday 7 July	Wednesday 8 July	Thursday 9 July	Friday 10 July
Home Day \$45	Home Day \$45	Home Day \$45	Home Day \$45	Home Day \$45
Monday 13 July	Tuesday 14 July	Wednesday 15 July	Thursday 16 July	Friday 17 July
Home Day \$45	Home Day \$45	Home Day \$45	Home Day \$45	Home Day \$45

\$45 PER CHILD PER HOME DAY
\$50 PER CHILD PER INCURSION DAY
\$55 PER CHILD PER EXCURSION DAY
\$60 PER CHILD PER PREMIUM EXCURSION DAY

Please remember refunds will only be given if your child is genuinely ill or injured and you provide us with a Doctor's Certificate for your child.

PLEASE ENSURE YOU READ ALL THE DETAILS AND FILL IN THE FORM.

Parent / Guardian Contact Details

Parent/Guardian:

Name.....

Address:.....Postcode.....

Home Phone :..... Work Phone:.....

Mobile:.....

MEDICAL ATTENTION IN CASE OF ACCIDENT OR EMERGENCY

In the case of accident or emergency, every effort will be made to contact parents prior to taking action or seeking treatment. In the event of my child receiving injuries requiring urgent medical treatment, I authorize the care providers and staff to obtain medical assistance, which they deem necessary, and agree to pay all medical and transport costs incurred on behalf of my child. I further authorize qualified practitioners to administer anesthetic if the need arises.

I am aware of the arrival and pick up procedures, behaviour management policy, fee payment and booking policy for my children at Cobbler Creek Vacation Care.

I have seen the program of activities and am aware of the excursions planned. I give permission for my child/ren to participate in excursions which he / she may be booked in for. I will ensure my child arrives on time for bus departures.

I give my child/ren permission to watch any **suitability chosen PG movies** at the centre or Movie theatre.

I understand once I have handed in this booking form I am obliged to pay for all days which I have requested.

Please Tick (I agree to all the Terms and Conditions of Cobbler Creek OSHC)

Parent / Guardian Signature.....Date.....

If your email has changed please add it and let us know.

Email:.....

(If it has changed or not provided already)

REMINDER : Bookings must be made by Wednesday 1st of July. We will not be accepting any bookings during Vacation care due to current restrictions and staff arrangements.