

ORMOND PRIMARY SCHOOL
Summer 2020
Holiday Program Booking Form

Family Name: _____

Children's Names: _____

Child Care Subsidy Scheme

If your child is attending the program for the first time or you have recently applied for the Child Care Subsidy Scheme. Please provide the name of the parent registered with Centrelink to receive Child Care Subsidy and the child's & parent Customer Reference Number on the Out of School Hours Enrolment Form.

Bookings will be accepted until sold out or by Wednesday 11th December.

Please indicate the number of children attending on the day you require care

Date	Children	Fee	Excursion	Total	CCB	Total
Monday 13 th January						
Tuesday 14 th January			\$20.00			
Wednesday 15 th January						
Thursday 16 th January			\$25.00			
Friday 17 th January						
Monday 20 th January						
Tuesday 21 st January						
Wednesday 22 nd January			\$30.00			
Thursday 23 rd January						
Friday 24 th January			Pay on the day			
Tuesday 28 th January						
Total						

ORMOND PRIMARY SCHOOL
Summer 2020 Confirmation Form

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

All bookings must be received with payment by **Wednesday 11th December.**

Please provide the number of children attending in the boxes.

Mon 13th Jan

Tues 14th Jan

Wed 15th Jan

Thurs 16th Jan

Fri 17th Jan

Mon 20th Jan

Tues 21st Jan

Wed 22nd Jan

Thurs 23rd Jan

Fri 24th Jan

Tues 28th Jan

Please complete & return the entire form.

Total Amount (office use only)

Bookings must be received by Wednesday 11th December.

ORMOND PRIMARY SCHOOL
Summer 2020 Permission Form

I hereby _____

give my child/children permission Child's Name: _____

Child's Name: _____ Child's Name: _____

to attend the excursion to: **Werribee Zoo Wednesday 22nd January**

to attend the excursion to: **Dendy Cinema Brighton Friday 25th January**

In case of illness or an accident, when it is impractical to communicate with me or my nominated emergency contacts. I authorise the Coordinator or the person in charge, to consent to my child receiving medical or surgical treatment that is deemed necessary.

Name: _____ Emergency Contact Number: _____

Signed: _____ Date: _____