ORMOND PRIMARY SCHOOL Winter 2021 Holiday Program Booking Form

Family Name:_____

Children's Names:

School Holiday Program Bookings must be received with full payment by Tuesday 22nd June Permanent BASC families please see booking & payment details on the back of program.

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 Tuesday 22nd June

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

Date	Children	Fee	Activity	Total	
Monday 28th June					
Tuesday 29th June					
Wednesday 30th June			\$18.00		
Thursday 1st July					
Friday 2 nd July			Excursion Fee, Pay on the Day		
Monday 5 th July					
Tuesday 6 th July					
Wednesday 7th July					
Thursday 8th July			\$10.00		
Friday 9th July					Deposit, Paid
Total					

ORMOND PRIMARY SCHOOL Winter 2021 Confirmation Form

Child's Name:	Child's Name:
Child's Name:	Child's Name:
Bookings will be accepted until sold out	t, or by Tuesday 22 nd June
• Please provide the number of children attending in the	boxes.
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 Mon 28th June
 Tues 29th June
 Wed 30th June
 Thurs 1st July
 Fri 2nd July

 Mon 5th July
 Tues 6th July
 Wed 7th July
 Thurs 8th July
 Fri 9th July

 Please complete & return the entire form.
 (office use only)

reuse complete & return the entire form

Total Amount

Deposit

ORMOND PRIMARY SCHOOL Winter 2021 Permission Form

Winter 2021 Permission Form					
I hereby					
give my child/children permission	Child's Name:				
Child's Name:	Child's Name:				
to travel on the <u>Local Bus</u> to attend the excursion to: <u>Dendy Cinema Brighton Friday 2nd July</u>					
In case of illness or an accident, when it is impractical to communicate with me or my nominated emergency contacts. I authorise the Co ordinator or the person in charge, to consent to my child receiving medical or surgical treatment that is deemed necessary.					
Name:E	e:Emergency Contact Number:				

Signed:	Date: