

ORMOND PRIMARY SCHOOL
Winter 2017
Holiday Program Booking Form

Family Name: _____

Children's Names: _____

Child Care Benefit & Child Care Rebate

Claiming Child Care Benefit

If you are attending the program for the first time or have recently applied for Childcare Benefit or Rebate. You must provide the program with a Child Care Rebate or Benefit eligibility letter from Centrelink stating the parent & child/rens Customer Reference Number by Friday 23rd June. Child Care Benefit reductions will be calculated when bookings are presented to the program. Bookings are accepted on a first in, first served basis, bookings are not accepted without payment.

Bookings will be accepted until sold out or by Wednesday 28th June.

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

Date	Children	Fee	Excursion	Total	CCB	Total
Monday 3 rd July						
Tuesday 4 th July						
Wednesday 5 th July						
Thursday 6 th July						
Friday 7 th July			Pay on the day			
Monday 10 th July						
Tuesday 11 th July			\$18.00			
Wednesday 12 th July						
Thursday 13 th July			\$26.00			
Friday 14 th July						
Total						

ORMOND PRIMARY SCHOOL
Winter2017 Confirmation Form

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

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

All other bookings must be received with payment **Wednesday 28th June**

Please provide the number of children attending in the boxes.

Mon 3rd July

Tues 4th July

Wed 5th July

Thurs 6th July

Fri 7th July

Mon 10th July

Tues 11th July

Wed 12th July

Thurs 13th July

Fri 14th July

Please complete & return the entire form.

Total Amount (office use only)

To confirm your booking payment must be received by Wednesday 28th June

ORMOND PRIMARY SCHOOL
Winter 2017 Permission Form

I hereby _____

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

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

to attend the excursion to: **Dendy Cinema Brighton on Friday 7th July.**

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: _____ Emergency Contact Number: _____

Signed: _____ Date: _____