

ORMOND PRIMARY SCHOOL
Winter 2019
Holiday Program Booking Form

Family Name: _____

Children's Names: _____

Bookings must be received with a 50% deposit, of the total fee plus incursions cost. Families will be required to pay the remainder of the School Holiday Program fees on their Before & After School Care account.

Bookings will be accepted until booked out by Wednesday 26th June.

Child Care Subsidy

If you have not used the Service in the past 6 weeks you will need to confirm your Child Care Subsidy on the Mygov website to receive fee reductions.

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

Bookings Week One		
Date	Children	Excursion
Monday 1 st July		
Tuesday 2 nd July		
Wednesday 3 rd July		
Thursday 4 th July		
Friday 5 th July		Pay on the day

Bookings Week Two		
Date	Children	Excursion
Monday 8 th July		
Tuesday 9 th July		\$20.00
Wednesday 10 th July		
Thursday 11 th July		\$20.00
Friday 12 th July		
Total		Deposit

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Holiday Program Confirmation Form

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

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

To book your child/ren into the school holiday program you must adhere to the following requirements. Your Before & After School fees must be paid up to date, based on your most recent account. You will pay the remainder of the Holiday Program fees within 7 days of receiving your account in the second week of term two.

Bookings will be accepted until booked out or by Wednesday 26th June.

Please provide the number of children attending in the boxes.

Mon 1 st July <input style="width: 50px; height: 25px;" type="text"/>	Tues 2 nd July <input style="width: 50px; height: 25px;" type="text"/>	Wed 3 rd July <input style="width: 50px; height: 25px;" type="text"/>	Thurs 4 th July <input style="width: 50px; height: 25px;" type="text"/>	Fri 5 th July <input style="width: 50px; height: 25px;" type="text"/>
Mon 8 th July <input style="width: 50px; height: 25px;" type="text"/>	Tues 9 th July <input style="width: 50px; height: 25px;" type="text"/>	Wed 10 th July <input style="width: 50px; height: 25px;" type="text"/>	Thurs 11 th July <input style="width: 50px; height: 25px;" type="text"/>	Fri 12 th July <input style="width: 50px; height: 25px;" type="text"/>

Please complete & return the entire form.

Daily Fee: \$60.00 per day plus Excursion or Incursion Cost

Phone: 9578 5826 (Emergency contact on Excursion Days Only 0439 111 026)

Book Early: Limited spaces are available until the program is booked out.

Deposit Paid

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I hereby _____

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

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

to attend the excursion to: **Dendy Cinema Brighton Friday 5th July 2019**

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: _____