

ORMOND PRIMARY SCHOOL
Spring 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 18th September.

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 23 rd Sept		
Tuesday 24 th Sept		
Wednesday 25 th Sept		
Thursday 26 th Sept		\$16 Pay on day
Public Holiday		

Bookings Week Two		
Date	Children	Excursion
Monday 30 th Sept		
Tuesday 1 st Oct		\$15.00
Wednesday 2 nd Oct		
Thursday 3 rd Oct		
Friday 4 th Oct		
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 18th September.

Please provide the number of children attending in the boxes.

Mon 23 rd Sept <input type="text"/>	Tues 24 th Sept <input type="text"/>	Wed 25 th Sept <input type="text"/>	Thurs 26 th Sept <input type="text"/>	Fri 27 th Sept Public Hol
Mon 30 th Sept <input type="text"/>	Tues 1 st Oct <input type="text"/>	Wed 2 nd Oct <input type="text"/>	Thurs 3 rd Oct <input type="text"/>	Fri 4 th Oct <input 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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Spring Holiday Program 2019

I hereby_____

give my child/children permission

Child's Name:_____

Child's Name:_____

Child's Name:_____

to attend the excursion to: **Dendy Cinema Brighton Thursday 26th September 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:_____

Face Painting

I hereby_____

give my child/children permission

Child's Name:_____

Child's Name:_____

Child's Name:_____

To have their face painted on Wednesday 25th September 2019.

Parent Signature:_____

Date:_____