#### 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 Wednesday18th 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 23rd Sept				
Tuesday 24 <sup>th</sup> Sept				
Wednesday 25th Sept				
Thursday 26 <sup>th</sup> Sept		\$16 Pay on day		
Public Holiday				

inding on the day you require care				
Bookings Week Two				
Date	Children	Excursion		
Monday 30th Sept				
Tuesday 1st Oct		\$15.00		
Wednesday 2 <sup>nd</sup> Oct				
Thursday 3 <sup>rd</sup> Oct				
Friday 4 <sup>th</sup> Oct				
Total	Deposit			
	<u>U</u>			

#### ORMOND PRIMARY SCHOOL Spring 2019

#### Holiday Program Confirmation Form

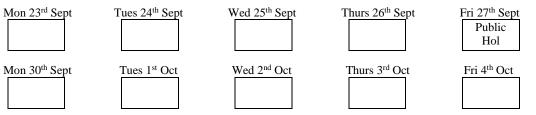
Child's Name:\_\_\_\_\_ Child's Name:\_\_\_\_\_

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.



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** 

### **ORMOND PRIMARY SCHOOL**

Spring Holiday Program 2019

I hereby			
give my child/children permission	Child's Name:		
Child's Name:	Child's Name:		
	Cinema Brighton Thursday 26 <sup>th</sup> September 2019		
In case of illness or an accident, when i	t is impractical to communicate with me or my nominated emergency r the person in charge, to consent to my child receiving medical or surgical		
Name:I	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 25 <sup>th</sup> September 2019.		
Parent Signature:	Date:		