

**ORMOND PRIMARY SCHOOL
Autumn 2021 Holiday Program Booking Form**

Family Name: _____

Children's Names: _____

School Holiday Program Bookings must be received with full payment by Friday 26th March

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 Friday 26th March 2021

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

Date	Children	Fee	Activity	Total
Tuesday 6 th April				
Wednesday 7 th April			\$10.00	
Thursday 8 th April			\$2.00	
Friday 9 th April			Excursion Fee, Pay on the Day	
Monday 12 th April			\$10.00	
Tuesday 13 th April			\$2.00	
Wednesday 14 th April				
Thursday 15 th April				
Friday 16 th April				
				Deposit, Paid
Total				

**ORMOND PRIMARY SCHOOL
Autumn 2021 Confirmation Form**

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

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

All bookings must be received with payment by **Friday 26th March 2021**

Please provide the number of children attending in the boxes.

	Tues 6 th April	Wed 7 th April	Thurs 8 th April	Fri 9 th April	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mon 12 th April	Tues 13 th April	Wed 14 th April	Thurs 15 th April	Fri 16 th April	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Please complete & return the entire form.

(office use only)

Total Amount	Deposit
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

ORMOND PRIMARY SCHOOL
Autumn Holiday Program 2021
Permission Form

I hereby _____ give my child/children,

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

Child's Name: _____ permission to travel on the Local Bus to attend
an excursion to: **Dendy Cinema Brighton on Friday 9th April**

Group Activity Hair Dressing Salon

Thursday 15th April

I give permission for my child/children to have the following products used to style their hair.

Styling Mousse Styling Gel Hair Spray Coloured Hair Spay

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: _____