

**ORMOND PRIMARY SCHOOL**  
**Summer 2019**  
**Holiday Program Booking Form**

Family Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

**Child Care Subsidy Scheme**

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If your child is attending the program for the first time or you have recently applied for the Child Care Subsidy Scheme. You must provide the program with a Child Care Subsidy Scheme eligibility letter from Centrelink stating the parent & child/rens Customer Reference Number or provide your Customer Reference Number by **Wednesday 12<sup>th</sup> December**  
**Bookings will be accepted until sold out or by Friday 14<sup>th</sup> December.**

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

Date	Children	Fee	Excursion	Total	CCB	Total
Monday 14 <sup>th</sup> January						
Tuesday 15 <sup>th</sup> January						
Wednesday 16 <sup>th</sup> January						
Thursday 17 <sup>th</sup> January			\$			
Friday 18 <sup>th</sup> January						
Monday 21 <sup>st</sup> January						
Tuesday 22 <sup>nd</sup> January			\$15.00			
Wednesday 23 <sup>rd</sup> January						
Thursday 24 <sup>th</sup> January			\$17.00			
Friday 25 <sup>th</sup> January			Pay on the day			
Tuesday 29 <sup>th</sup> January						
<b>Total</b>						

**ORMOND PRIMARY SCHOOL**  
**Summer 2019 Confirmation Form**

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

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

All bookings must be received with payment by **Friday 14<sup>th</sup> December.**

Please provide the number of children attending in the boxes.

Mon 14<sup>th</sup> Jan

Tues 15<sup>th</sup> Jan

Wed 16<sup>th</sup> Jan

Thurs 17<sup>th</sup> Jan

Fri 18<sup>th</sup> Jan

Mon 21<sup>st</sup> Jan

Tues 22<sup>nd</sup> Jan

Wed 23<sup>rd</sup> Jan

Thurs 24<sup>th</sup> Jan

Fri 25<sup>th</sup> Jan

Tues 29<sup>th</sup> Jan

**Please complete & return the entire form.**

Total Amount (office use only)

**Bookings must be received by Friday 14<sup>th</sup> December**

**ORMOND PRIMARY SCHOOL**  
**Summer 2019 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 Friday 25<sup>th</sup> January**

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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: \_\_\_\_\_