

ORMOND PRIMARY SCHOOL
Autumn 2020
Holiday Program Booking Form

Family Name: _____

Children's Names: _____

New Holiday Fees Requirements

Bookings for Permanent Before & After School Care Families: To confirm your child's Holiday Program Bookings. BASC Fees based on your regular bookings, must be paid in advance to the end of the term, Friday 27th March. School Holiday Program fees will be charged to your first BASC account in term 2.

Bookings for Casual Before & After School Care or Holiday Program Casuals

Casual Families will be required to pay the full amount or Child Care Subsidy reductions will be applied based on the child's previous attendance at the Program.

Cancellation Fees will apply without a doctor's certificate.

For more information, contact the OSHC Program or call Centrelink. (Phone 136150)

Bookings will be accepted until sold out or by Wednesday 25th March .

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

Date	Children	Fee	Excursion	Total
Monday 30 th March				
Tuesday 31 st March			\$32.00	
Wednesday 1 st April			Pay on the day	
Thursday 2 nd April				
Friday 3 rd April				
Monday 6 th April				
Tuesday 7 th April				
Wednesday 8 th April			Pay on the day	
Thursday 9 th April				
Total				

ORMOND PRIMARY SCHOOL
Autumn 2020 Confirmation Form

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

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

All bookings must be received with payment by **Wednesday 25th March.**

Please provide the number of children attending in the boxes.

Mon 30th March

Tues 31st March

Wed 1st April

Thurs 2nd April

Fri 3rd April

Mon 6th April

Tues 7th April

Wed 8th April

Thurs 9th April

Please complete & return the entire form.

Total Amount (office use only)

Bookings must be received by Wednesday 25th March..

ORMOND PRIMARY SCHOOL
Autumn 2020 Permission Form

I hereby _____

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

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

to attend the excursion to: **Healesville Sanctuary Tuesday 31st March**

to attend the excursion to: **Dendy Cinema Brighton Wednesday 8th April**

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: _____