

Pedare Pupil Free Week Booking Form 2018

Family Name: _____

Child's Name:..... Child's Name:.....

Child's Name:..... Child's Name:.....

Parent / Guardian's Name:.....

Address:.....

Postcode:.....Contact Number:.....

Please CIRCLE or HIGHLIGHT ONLY the days you require for the week.

Monday 10/12/2018	Tuesday 11/12/2018	Wednesday 12/12/2018	Thursday 13/12/2018	Friday 14/12/2018
Letters to Santa 	Xmas Tree Cards 	Sand Art Key Ring 	Xmas Wooden Creations 	Scratch Boards Xmas Elves 
Balloon Mobiles 	Zentangle Hands 	Scratch Board Frames 	Flying Fish 	Tamborine's 

All days charged as a Home Day at \$40 per child

I am aware that I need to have a returned and signed booking form in order to secure my place

MEDICAL ATTENTION IN CASE OF ACCIDENT OR EMERGENCY

In the case of accident or emergency, every effort will be made to contact parents prior to taking action or seeking treatment. In the event of my child receiving injuries requiring urgent medical treatment, I authorize the Educators and staff to obtain medical assistance, which they deem necessary, and agree to pay all medical and transport costs incurred on behalf of my child. I further authorize qualified practitioners to administer anesthetic if the need arises.

I am aware of the arrival and pick up procedures, behaviour management policy, fee payment and booking policy for my children at Cobbler Creek Vacation Care.

I understand once I have handed in this booking form I am obliged to pay for all days which I have requested and will only receive a refund if I can provide a valid doctor's certificate for my child only.

Singature.....Date.....

I agree to all the Policies, Terms and Conditions provided by Cobbler Creek OSHC and understand that the information can be found on the website. (www.cobblercreekoshc.com)