

Cobbler Creek Vacation Care Booking Sheet Dec/Jan 2018/2019

Family Name: _____

(We require the current Yr Level for 2018 for your child)

Child's Name: _____ **Yr Level** _____

Child's Name: _____ **Yr Level** _____

Child's Name: _____ **Yr Level** _____

Child's Name: _____ **Yr Level** _____

Please **TICK** or **HIGHLIGHT ONLY** the days you will require.

17th December	18th December	19th December	20th December	21st December
Home Day \$40	Home Day \$40	Excursion \$50 <i>Zoo Rec-Yr2</i> <i>Bowland</i> <i>Yr 3 Onwards</i>	Home Day \$40	Incursion \$45 <i>Santa and Friends</i> <i>Visit</i>
7th January	8th January	9th January	10th January	11th January
Home Day \$40	Home Day \$40	Incursion \$45 <i>Radical Obstacle</i>	Home Day \$40	Home Day \$40
14th January	15th January	16th January	17th January	18th January
Excursion \$60 <i>Movie Day</i>	Home Day \$40	Home Day \$40	Home Day \$40	Incursion \$45 <i>Wheel Chair Sports</i>
21st January	22nd January	23rd January	24th January	25th January
Home Day \$40	Incursion \$45 <i>Scientific Bubble</i> <i>Show</i>	Home Day \$40	Excursion \$50 <i>TTG Gym Sports</i>	Home Day \$40

\$40 PER CHILD PER HOME DAY (Early Booking Cost)

\$45 PER CHILD PER INCURSION DAY (Early Booking Cost)

\$50 PER CHILD PER EXCURSION DAY (Early Booking Cost)

\$60 PER CHILD PER PREMIUM EXCURSION DAY (Early Booking Cost)

Vacation Care Bookings made during the holiday's will incur an additional \$5 fee per child.

Please remember refunds will only be given if your child is genuinely ill or injured and you provide us with a Doctor's Certificate for your child.

PLEASE ENSURE YOU READ ALL THE DETAILS AND FILL IN THE FORM.

Parent / Guardian Contact Details

Parent/Guardian:

Name.....

Address:.....Postcode.....

Home Phone :..... Work Phone:.....

Mobile:.....

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 care providers 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, behavior management policy, fee payment and booking policy for my children at Cobbler Creek Vacation Care.

I have seen the program of activities and am aware of the excursions planned. I give permission for my child/ren to participate in excursions which he / she may be booked in for. I will ensure my child arrives on time for bus departures.

I give my child/ren permission to watch any **suitability chosen PG movies** at the center or Movie theatre.

I understand once I have handed in this booking form I am obliged to pay for all days which I have requested.

Please Tick (I agree to all the Terms and Conditions of Cobbler Creek OSHC)

Parent / Guardian Signature.....Date.....

If your email has changed please add it and let us know.

Email:.....

(If it has changed or not provided already)

REMINDER : HATS will be required to be worn at all times in an outside area.