

Vacation Care Booking Sheet

Please select the dates you would like to book for your child/ren:

Spring 2024	Mon 23/9	Tues 24/9	Wed 25/9*	Thur 26/9	Public Holiday	Mon 30/9	Tues 1/10	Wed 2/10*	Thur 3/10	Fri 4/10
Child 1 name:					Date of Birth:					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2 name:					Date of Birth:					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Additional costs for excursions/incursions apply on these dates. Please see activity sheet for more information.

Booking Agreement:

I, _____ (Parent/Guardian- print name) declare that I am a person with lawful authority for the child referred to in this Booking Sheet:

- understand that the invoice/statement of fees provided to me before the program is an estimate only, based on current information entitlements provided to the Service by the Department of Human Services (DHS). If there are any changes to my family circumstances or income it is my responsibility to inform the DHS. A final statement will be provided after the completion of the program, which will indicate accurate entitlements and final fees and charges.
- agree that I am liable to pay fees and charges, in advance of the program starting, for all booked days and in addition the associated incursion or excursion costs, by the due date for payment, regardless of whether my child actually attends the days booked, and understand that failure to do so will result in my booked days being cancelled.
- have read and acknowledge the above excursions/incursions details, costs and understand that risk management assessment will be posted on Harmony via the Parent Portal. This risk assessment covers specific detail such as staff and child numbers and ratios, transport, water risks, location drop off/pick up, arrival and departure times, safe transportation, accounting for children (roll call and headcounts), etc. before the commencement of the program.
- give permission for my child/ren named to participate in the above excursions/incursions as indicated and understand this is a program based (see dates above) authority. I will give at least 2 days' notice of attendance cancellation of any excursion/incursion, fees will still apply.
- Understand that completion of this booking form is not confirmation until the payment of funds are cleared.
- understand and accept that a late enrolment fee of \$22.50 will be incurred for enrolments after the enrolment close date(as specified on the Activity Flyer).
- agree to pay a late fee of \$5 for the first 5 minutes and \$1 per minute per child, for each child if I collect my child(ren)after 6.00pm.

Parent/Guardian

Authorisation/Signature:

Date:

