



Good Shepherd OSHC - EASTER VACATION CARE 2015 BOOKING FROM

PARENT/CARER NAME			
Address of Primary Account Holder			
Phone Number		Work Number	
Mobile number			
Email Address			

The following people are NOT authorised to collect my child/ren	
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Does your child/ren have any allergies/illnesses? Please list	
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BOOKING REQUIRED (Please tick)

		I = INCURSION					E = EXCURSION		N = NORMAL IN HOUSE DAY			
		N	I	N	N	N	I	N	N	N	N	
CHILD'S NAME	DOB	Tues 7/04/15	Wed 8/4/15	Thurs 9/4/15	Fri 10/4/15	Mon 13/4/15	Tues 14/4/15	Wed 15/4/15	Thurs 16/4/15	Fri 17/4/15	Mon P/F 20/4/15	

Please note **dates** of **INCURSIONS**. Additional costs are as outlined on the Vacation Care Program.

PARENT/CARER AGREEMENT

- I/We acknowledge that my child/ren are currently enrolled and have completed Centacare Child Care Services enrolment forms at _____ . This information will be made available if your child/ren is/are attending another Centacare Child Care Service
- I/We acknowledge that as per the cancellation policy stated in my enrolment package, any days that are booked will be paid for. Full fees will be charged for all absences and I/we understand that it is my/our responsibility to notify in writing, of any changes to booking details
- I/We acknowledge that vacation care bookings may be in jeopardy unless accounts are paid up to date and vacation care fees are paid in advance at the commencement of booking at the Vacation Care Program
- I/We agree to pay the schedule fees for the bookings nominated above as per the OSHC Booking and Payment Policy
- I/We understand that this booking form is due back by the COB 20 March 2015 or my bookings will be charged at a casual rate

Parent/Carer 1 Signature: _____ **Date:** ____/____/____

Parent/Carer 2 Signature: _____ **Date:** ____/____/____

OFFICE USE ONLY :				Date Received:		Received By:				
Account Paid	Term	Yes / No	Vac Care	Yes / No	Casual Rate	Yes / No	Entered By:			