



Payne Road OSHC Autumn Vacation Care 2018

Enrolment Form



Child/ren's Surname: _____

Address: _____

Telephone: (h) _____ (w) _____

Mobile: _____ E-mail: _____

Child's name	Mon 2 Apr	Tues 3 Apr	Wed 4 Apr	Thurs 5 Apr	Fri 6 Apr	Mon 9 Apr	Tues 10 Apr	Wed 11 Apr	Thurs 12 Apr	Fri 13 Apr

I wish to book my child/ren for the following days: (shading denotes extra charges apply)

Calculation of fees:	No. of days	x Rate	Total	
Child/day		x \$48.00	=	
EXTRA ACTIVITIES	No. of chn	Cost	Total	
Make-a-Clock	No of Clocks	x \$5.00	=	
Obstacle Course	Thurs 5 April	x \$12.00	=	
Botanical Gardens	Wed 11 April	x \$12.00	=	
			TOTAL	=
			- *CCB/CCR	=
			TOTAL DUE	=

EXCURSION PERMISSION

Applicable if your child/ren are attending on the day of this excursion to Botanical Gardens.

NB: if attending on this day children **MUST** attend the excursion.

I have read the details of the excursion and give permission for my child/ren to take part in the above excursion.

I give permission for my child/ren to travel by transport as set out in the information to and from the excursion.

Please return by Friday 23 March 2018

Signature: _____ Date: _____