



Payne Road OSHC Winter Vacation Care 2019 Enrolment Form



Children's Surname: _____

Address: _____

Telephone: home _____ work _____

mob _____ email _____

I wish to book my child/ren for the following days:

Child's name	Mon 1/7	Tues 2/7	Wed 3/7	Thur 4/7	Fri 5/7	Mon 8/7	Tues 9/7	Wed 10/7	Thur 11/7	Fri 12/7

Shading denotes excursion and/or extra charges apply.

Calculation of fees:	No. of days	x Rate	Total
Cost per child per day		x \$50.00	=
EXTRA CHARGES	No. of chn	x Cost	Total
GOMA/Southbank Tues 2 July		x \$12.00	=
Carnival Day Thurs 4 July		x \$25.00	=
Mini/Foot Golf Friday 12 July		x \$25.00	=
		TOTAL	=
		- CCS if applicable	=
		TOTAL DUE	=



Please return by Friday 21 June 2019



PARENT'S DECLARATION - CONDITIONS OF ENROLMENT

(MUST BE SIGNED)

- I/We have read and understand all the information relating to the program.
- I/We give permission for my child/ren to take part in all activities offered as part of the program.
- I/We agree to pay the fees incurred and understand that payment in advance is required to secure a booking.
- I/We authorise the Program Coordinator or person in charge to obtain for my child/ren any necessary medical attention and to notify me as soon as possible.
- I/We agree to notify the Service of any absence of my children. I understand that refunds will be given to families who cancel all or part of the booked days giving 3 **working days'** notice (as per schedule on Information document).

EXCURSION PERMISSION

Applicable if your child/ren are attending on the day of this excursion to GOMA/Southbank/Minigolf.

NB: if attending on these days 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.

Parent/Guardian Name (please print) _____

Signature _____ Date _____