

Cobbler Creek Vacation Care Booking Sheet July 2018

Family Name: _____

Child's Name: _____ Yr Level _____

Child's Name: _____ Yr Level _____

Child's Name: _____ Yr Level _____

Child's Name: _____ Yr Level _____

PLEASE ENSURE YOU TAKE THE TIME TO READ ALL THE INFORMATION PROVIDED, ESPECIALLY THE CONSENT SECTION WHICH YOU ARE REQUIRED TO SIGN BEFORE HANDING IN THE APPROPRIATE PAPERWORK.

IN PARTICULAR, BE VERY CERTAIN ON WHICH DAYS YOU ARE TICKING, YOU WILL BE OBLIGATED TO PAY FOR ALL DAYS YOU REQUEST, ONCE YOU HAVE HANDED IN YOUR BOOKING FORM. UNDER NO CIRCUMSTANCES WILL THERE BE SWAPPING OF DAYS ONCE YOU HAND YOUR FORM IN!!

Please TICK or HIGHLIGHT just the days you will require.

Mon 9/7/18	Tues 10/7/18	Wed 11/7/18	Thurs 12/7/18	Fri 13/7/18
Incursion \$45 Dancify	Home \$40	Excursion \$50 Bounce Rec-Yr2 Excursion \$50 Ice Arena Yr3 onwards	Home \$40	Incursion \$45 Air Brush Tattoo's
Mon 16/7/18	Tues 17/7/18	Wed 18/7/18	Thurs 19/7/18	Fri 20/7/18
Home \$40	Incursion \$45 Animal Capers	Home \$40	Excursion Premium \$60 Movies	Home \$40

FEES ARE \$40 PER CHILD PER HOME DAYS
 \$45 PER CHILD PER INCURSION DAYS
 \$50 PER CHILD PER EXCURSION DAYS
 \$60 PER CHILD PER PREMIUM EXCURSION DAYS

NB: A \$5 surcharge per child will be added for any day that is booked during Vacation Care.

Please remember refunds will only be given if your child is genuinely ill or injured. You **MUST** provide a Doctor's Certificate for your child if you wish to receive a full refund. Parents sick certificates and **NOT** accepted.

Parent / Guardian Contact Details

Parent/Guardian:

Name.....

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

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

Mobile:.....

Parent/Guardian:

Name.....

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

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

Mobile:.....

MEDICAL ATTENTION IN CASE OF ACCIDENT OR EMERGENCY

1. 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.
2. I am aware of the arrival and pick up procedures, behaviour management policy, fee payment and booking policy for my children at Cobbler Creek Vacation Care.
3. I have seen the programme 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.
4. I give my child/ren permission to watch any **suitability chosen PG movies** at the centre or Movie theatre.
5. I understand once I have handed in this booking form I am obliged to pay for all days which I have requested and will only receive a refund if I can provide a valid doctor's certificate for my child only.

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

We currently email Accounts to families and if your email address has changed then please write it in the space below.

Email:.....