

**+ORMOND PRIMARY SCHOOL
Autumn 2019
Holiday Program Booking Form**

Family Name: _____

Children's Names: _____

Bookings must be received with a 50% deposit, of the total fee plus incursions cost. Families will be required to pay the remainder of the School Holiday Program fees on their Before & After School Care account.

Bookings will be accepted until booked out by Wednesday 6th April.

Child Care Subsidy

If you have not used the Service in the past 6 weeks you will need to confirm your Child Care Subsidy on the Mygov website to receive fee reductions.

Please indicate the number of children attending on the day you require care

Bookings Week One		
Date	Children	Excursion
Monday 8 th April		
Tuesday 9 th April		
Wednesday 10 th April		
Thursday 11 th April		
Friday 12 th April		Pay on the day

Bookings Week Two		
Date	Children	Excursion
Monday 15 th April		
Tuesday 16 th April		\$16.00
Wednesday 17 th April		
Thursday 18 th April		
Friday 19 th April	Public Holiday	
Total	Deposit	

**ORMOND PRIMARY SCHOOL
Autumn 2019**

Holiday Program Confirmation Form

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

To book your child/ren into the school holiday program you must adhere to the following requirements. Your Before & After School fees must be paid up to date, based on your most recent account. You will pay the remainder of the Holiday Program fees within 7 days of receiving your account in the second week of term two.

Bookings will be accepted until booked out or by Wednesday 6th April.

Please provide the number of children attending in the boxes.

Mon 8 th April <input type="text"/>	Tues 9 th April <input type="text"/>	Wed 10 th April <input type="text"/>	Thurs 11 th April <input type="text"/>	Fri 12 th April <input type="text"/>
Mon 15 th April <input type="text"/>	Tues 16 th April <input type="text"/>	Wed 17 th April <input type="text"/>	Thurs 18 th April <input type="text"/>	

Please complete & return the entire form.

Daily Fee: \$60.00 per day plus Excursion or Incursion Cost

Phone: 9578 5826 (Emergency contact on Excursion Days Only 0439 111 026)

Book Early: Limited spaces are available until the program is booked out.

ORMOND PRIMARY SCHOOL
Autumn Holiday Program 2019

I hereby _____

give my child/children permission Child's Name: _____

Child's Name: _____ Child's Name: _____

to attend the excursion to: **Dendy Cinema Brighton Friday 12th April 2019**

In case of illness or an accident, when it is impractical to communicate with me or my nominated emergency contacts. I authorise the Coordinator or the person in charge, to consent to my child receiving medical or surgical treatment that is deemed necessary.

Name: _____ Emergency Contact Number: _____

Signed: _____ Date: _____