

Please list the children you wish to book below.

Child's Name	DOB	___/___/___
I = Incursion, E = Excursion N = Normal In House day		
<b>FEEES FOR THE WHOLE DAY PER CHILD</b>		

Please note the dates of Excursion and Incursion days.  
 EXCURSION PERMISSION FORMS must be completed in order for your child/ren to attend on excursion days.

Parent/Carer Name:

Mobile Phone:

Address:

Work Phone:

Suburb/Postcode:

Home Phone:

Email Address:

### 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 agree to the terms and conditions relating to bookings, amendments to bookings and the cancellation of bookings as detailed in the CCCS Fees Policy.
- 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 CCCS policy.
- I/We understand that this booking form is due back by \_\_\_\_\_ or my bookings will be charged at a casual rate of additional to the fees for the whole day. Date

 \_\_\_\_\_  
 Parent/Carer Signature

 \_\_\_\_\_  
 Date

**OFFICE USE ONLY**

Date Received:

Received By:

Account Paid:    Term: Yes/No    Vacation Care: Yes/No    Casual Rate: Yes/No

Entered Date: