

BOOKING FORM PUPIL FREE DAY

OUTSIDE SCHOOL HOURS CARE

Please list the child/ren you wish to book below.

Child's Name	DOB

I = Incursion, E = Excursion, N = Normal in house day

FEES FOR THE WHOLE DAY PER CHILD

Please note whether an excursion or incursion days. EXCURSION PERMISSION FORMS must be completed in order for your child/ren to attend an excursion day.

Parent/carer name:	Mobile phone:
Address:	Work phone:
Suburb and postcode:	Home phone:
Email address:	

Parent/Carer Agreement

- I/we acknowledge that my child/ren are currently enrolled and have completed Catholic Early EdCare's enrolment forms at _____

This information will be made available if your child/ren is/are attending another Catholic Early EdCare service.

- I/we agree to the terms and conditions relating to bookings, amendments to bookings and the cancellation of bookings as detailed in the Catholic Early EdCare 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 the vacation care program.
- I/we agree to pay the scheduled fees for the bookings nominated above as per Catholic Early EdCare Fees Policy.
- I/we understand that this booking form is due back by _____ or my booking will be charged at a casual rate of _____ additional to the fees for the whole day.
Date

Parent/carer signature

Date