WATCH THEM GROW

## BOOKING FORM VACATION CARE

## Guardian Angels OSHC Wynnum

Please tick the days you require for each child/ren.

| Child's Name | DOB | $\begin{array}{\|c\|c\|} \hline \\ \hline \end{array}$ | $\begin{array}{\|c\|} \hline \mathrm{T} \\ \hline \end{array}$ | $\begin{gathered} W \\ 9 / 12 \end{gathered}$ | $\begin{gathered} T \\ 10 / 12 \end{gathered}$ | $\begin{gathered} \mathrm{F} \\ 11 / 12 \end{gathered}$ | $\begin{gathered} M \\ \hline 14 / 12 \end{gathered}$ | $\begin{gathered} \mathrm{T} \\ 15 / 12 \end{gathered}$ | $\begin{gathered} W \\ 16 / 12 \end{gathered}$ | $\left\lvert\, \begin{gathered} \mathrm{T} \\ 17 / 12 \end{gathered}\right.$ | $\begin{gathered} F \\ 18 / 12 \end{gathered}$ | $\begin{gathered} M \\ 21 / 12 \end{gathered}$ | $\begin{array}{\|c\|} \hline \\ \underline{22} 12 \end{array}$ | $\begin{array}{\|c\|} \hline \text { W } \\ 23112 \end{array}$ | $\begin{array}{c\|} \mathrm{T} \\ \underline{24 / 12} \end{array}$ | $\begin{gathered} \mathrm{F} \\ 25 / 12 \end{gathered}$ | $\begin{gathered} M \\ 11 / 1 / 2 \end{gathered}$ | $\begin{array}{\|c\|} \hline \top \\ 12 / 1 \end{array}$ | $\begin{array}{\|c\|} \hline W \\ 13 / 1 \end{array}$ | $\begin{array}{\|c\|} \hline 14 / 1 \\ 14 \end{array}$ | $\begin{array}{\|c\|} \hline \mathbf{F} \\ 15 / 1 \\ \hline \end{array}$ | $\begin{gathered} M \\ -18 / 1 \end{gathered}$ | $\begin{array}{\|c\|} \hline \\ \hline 19 / 1 \end{array}$ | $\begin{gathered} W \\ 20 / 1 \end{gathered}$ | $\begin{array}{\|c\|} \hline \\ \hline 21 / 1 \end{array}$ | $\begin{array}{\|c\|} \hline \mathbf{2 2 / 1} \end{array}$ | $M_{25 / 1}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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| $\begin{aligned} & \text { I = Incursion, E = Excursion } \\ & \text { N = Normal In House day } \end{aligned}$ |  | N | N | E/I | N | E | 1 | N | N | E/I | N | E | 1 | N | N | - | N | 1 | N | N | 1 | I | N | 1 | N | 1 | 1 |
| FEES FOR THE WHOLE DAY P | CHILD | \$42 | \$47 | \$67 | \$42 | \$67 | \$67 | \$42 | \$42 | \$67 | \$47 | \$57 | \$57 | \$47 | \$42 |  | \$42 | \$57 | \$42 | \$42 | \$57 | \$57 | \$42 | \$47 | \$47 | \$47 | \$47 |

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: |

## PARENT/CARER AGREEMENT

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


## Guardian Angels OSHC W ynnum

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


- I/we acknowledge that vacation care bookings may be in jeopardy unless accounts are paid up to date.
- I/we agree to pay the schedule fees for the bookings nominated above as per Catholic Early EdCare policy.
- I/we understand that this booking form is due back by 27/11/2020 Date
the whole day. or my bookings will be charged at a casual rate of

