



Booking Form - April 2019

Parent/Guardian *Person (wife/husband) who has child care subsidy link with the child/ren and receives the Assessment Notice*

Name: _____ D.O.B: _____ CRN: _____

Address: _____

Phone (Home): _____ Phone (Mobile): _____ Phone (Work): _____

Email: _____

CHILD 1 Name: _____ Age: ____ D.O.B: _____ CRN: _____

New Medical Conditions: _____

CHILD 2 Name: _____ Age: ____ D.O.B: _____ CRN: _____

New Medical Conditions: _____

CHILD 3 Name: _____ Age: ____ D.O.B: _____ CRN: _____

New Medical Conditions: _____

CHILD 4 Name: _____ Age: ____ D.O.B: _____ CRN: _____

New Medical Conditions: _____

WEEK 1	Monday 8 April	Tuesday 9 April	Wednesday 10 April	Thursday 11 April	Friday 12 April
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST <i>Where eligible CCS fee reductions will apply.</i>	\$68 per child	\$68 per child + \$15.00 special	\$68 per child	\$68 per child	\$68 per child
WEEK 2	Monday 15 April	Tuesday 16 April	Wednesday 17 April	Thursday 18 April	Friday 19 April
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed Good Friday
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DAILY COST <i>Where eligible CCS fee reductions will apply.</i>	\$68 per child	\$68 per child	\$68 per child + \$15.00 special	\$68 per child	

*Signing this form is a confirmation of your booking; all days will be charged as per this form unless any cancelations are made by close of business on the **Monday the week prior** to the booking.*



*Fees must be paid in full **the week after** the vacation care period. Statements will be sent to your nominated e-mail address. Non-payment of your bill within 7 days will be considered overdue and a reminder will be sent. Non-payment by 14 days will incur a \$36 late fee and the account will be referred to a debt collection agency and no further bookings will be able to be made.*

*Credit card or direct debit payments will be processed on the **Wednesday after** the above table of dates.*

Payment by Credit Card

Card number: _____ Expiry Date: ____ ____ CCV: _____

Name on Card: _____ Signature: _____

Name: _____ Signature: _____ Date: _____

Permission to participate in activities & swimming ability

I _____, give permission for my child/ren listed above to participate in the below areas/activities at YMCA Camp Warrawee during the above Vacation Care Program (please tick boxes below):

- Swimming pool and natural water areas Various adventure activities including, but not limited to, ropes courses, giant swing, rock climbing, flying fox, archery and canoeing etc. Forested and natural areas on site Excursion to Camp Bundalong, Camp North Pine or Old Petrie Town crossing one road however staying on YMCA property.

Signature: _____ Date: _____

SWIMMING POOL / RIVER	NON-SWIMMER	NOVICE	INTERMEDIATE	ADVANCED
CHILD 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER INFORMATION:				

Please return booking form to camp.warrawee@ymcabrisbane.org