

YMCA **CAMP WARRAWEE** Booking Form

September 2019

Parent/Guardian Person who is the CRN holder and eligible for childcare subsidy.

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

Address: _____

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

Email: _____

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

Medical Conditions*: _____

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

Medical Conditions*: _____

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

Medical Conditions*: _____

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

Medical Conditions*: _____

*** If your child suffers from a Diagnosed Medical Condition, there is a new policy in place to help protect your child. Please tick below to indicate a Risk Minimisation Plan is required**

WEEK 1	Monday 23 Sept	Tuesday 24 Sept	Wednesday 25 Sept	Thursday 26 Sept	Friday 27 Sept
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 The gap is charged after CCS	\$68 per child	\$68 per child +\$15.00 special	\$68 per child	\$68 per child	\$68 per child
WEEK 2	Monday 30 Sept	Tuesday 1 Oct	Wednesday 2 Oct	Thursday 3 Oct	Friday 4 Oct
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 The gap is charged after CCS	\$68 per child	\$68 per child	\$68 per child +\$15.00 special	\$68 per child	\$68 per child

Fees must be paid in full **the week after** the vacation care period. Statements will be sent to your nominated e-mail address. For B-Pay accounts, 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 collector 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: _____

Permission to participate in activities and swimming ability

I _____, give permission for my child/ren _____
 _____ to participate in the below areas/activities at YMCA Camp Warrawee during the above Vacation Care Program: 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 a road but remaining on YMCA property.

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:				

Signing this form confirms your booking request and gives permissions for your children to participate in our program. All days will be charged as per this form unless any cancelations are made by close of business of the **Monday the week prior** to the booking.

Enrolment Form for 2019 provided

Risk Minimisation Plan is required if your child suffers from a Diagnosed Medical Condition

Up to date Action Plan and Risk Minimisation Strategy provided

Name: _____ **Signature:** _____ **Date:** _____

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