

Office Use Only:	
Booking	<input type="checkbox"/>
CCMS	<input type="checkbox"/>
Roll	<input type="checkbox"/>
O/C	.....
Initial	.....

## Mersey Leven Vacation Care Booking Form

**11/04/2016 – 22/04/2016    8.00am – 6.00pm**

**Parent Name:** .....

**Contact Phone Numbers (Daytime)**.....

Please tick the required days of care and complete appropriate details to select your Vacation Care requirements.

**PLEASE INITIAL THE EXCURSIONS YOUR CHILD/REN WILL BE ATTENDING IN THE BOX UNDER THE DAY SELECTED - this is your permission for your child to attend the excursion.**

<b>Fees:</b>	
<input type="radio"/>	<b>\$50.00 daily rate</b>
<input checked="" type="radio"/>	<b>\$54.00 excursion</b>
<input checked="" type="radio"/>	<b>\$59.00 water excursion</b>
	<b>Less eligible CCB</b>

***PLEASE NOTE:***

If your child/ren are booked in for the first and last day of care and are *absent* for either of those days, we are obliged under Government compliance to charge a full fee as no CCB will be obtainable in this instance.

Child's Name	Mon 11 <sup>th</sup> April	Tues 12 <sup>th</sup> April	Wed 13 <sup>th</sup> April	Thurs 14 <sup>th</sup> April	Fri 15 <sup>th</sup> April



Child's Name	Mon 18 <sup>th</sup> April	Tues 19 <sup>th</sup> April	Wed 20 <sup>th</sup> April	Thurs 21 <sup>st</sup> April	Fri 22 <sup>nd</sup> April

- I have read the Excursion Parent Information provided with the Vacation Care Program.
- **PLEASE NOTE:** We wish to advise parents that we take **NO RESPONSIBILITY** for DS's, mobiles, toys, games and electronic equipment brought onto the premises.

**Parent Signature** ..... **Date** .....