

**ORMOND PRIMARY SCHOOL**  
**Winter 2017**  
**Holiday Program Booking Form**

Family Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

**Child Care Benefit & Child Care Rebate**

**Claiming Child Care Benefit**

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If you are attending the program for the first time or have recently applied for Childcare Benefit or Rebate. You must provide the program with a Child Care Rebate or Benefit eligibility letter from Centrelink stating the parent & child/rens Customer Reference Number by Friday 23<sup>rd</sup> June. Child Care Benefit reductions will be calculated when bookings are presented to the program. Bookings are accepted on a first in, first served basis, bookings are not accepted without payment.

**Bookings will be accepted until sold out or by Wednesday 28<sup>th</sup> June.**

**Please indicate the number of children attending on the day you require care**

Date	Children	Fee	Excursion	Total	CCB	Total
Monday 3 <sup>rd</sup> July						
Tuesday 4 <sup>th</sup> July						
Wednesday 5 <sup>th</sup> July						
Thursday 6 <sup>th</sup> July						
Friday 7 <sup>th</sup> July			Pay on the day			
Monday 10 <sup>th</sup> July						
Tuesday 11 <sup>th</sup> July			\$18.00			
Wednesday 12 <sup>th</sup> July						
Thursday 13 <sup>th</sup> July			\$26.00			
Friday 14 <sup>th</sup> July						
<b>Total</b>						

**ORMOND PRIMARY SCHOOL**  
**Winter2017 Confirmation Form**

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

All other bookings must be received with payment **Wednesday 28<sup>th</sup> June**

Please provide the number of children attending in the boxes.

Mon 3<sup>rd</sup> July

Tues 4<sup>th</sup> July

Wed 5<sup>th</sup> July

Thurs 6<sup>th</sup> July

Fri 7<sup>th</sup> July

Mon 10<sup>th</sup> July

Tues 11<sup>th</sup> July

Wed 12<sup>th</sup> July

Thurs 13<sup>th</sup> July

Fri 14<sup>th</sup> July

**Please complete & return the entire form.**

**Total Amount (office use only)**

**To confirm your booking payment must be received  
by Wednesday 28<sup>th</sup> June**

**ORMOND PRIMARY SCHOOL**  
**Winter 2017 Permission Form**

I hereby \_\_\_\_\_

give my child/children permission

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

to attend the excursion to: **Dendy Cinema Brighton on Friday 7<sup>th</sup> July.**

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In case of illness or an accident, when it is impractical to communicate with me or my nominated emergency contacts. I authorise the Co ordinator or the person in charge, to consent to my child receiving medical or surgical treatment that is deemed necessary.

Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_