

ORMOND PRIMARY SCHOOL
Spring 2016
Holiday Program Booking Form

Family Name: _____

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Child Care Benefit & Child Care Rebate

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 eligibility letter from Centrlink stating the parent & child/rens Customer Reference Number by Wednesday 7th September. 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.

Booking will be accepted until sold out or by Wednesday 14th September.

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

Date	Children	Fee	Excursion	Total	CCB	Total
Monday 19 th Sept						
Tuesday 20 th Sept						
Wednesday 21 st Sept			\$22.00			
Thursday 22 nd Sept						
Friday 23 rd Sept			Pay on the day			
Week One						
Monday 26 th Sept						
Tuesday 27 th Sept						
Wednesday 28 th Sept						
Thursday 29 th Sept			Pay on the day			
Week Two						
Total						

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Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

All other bookings must be received with payment by **Wednesday 14th September**

Please provide the number of children attending in the boxes.

Mon 19th Sept

Tues 20th Sept

Wed 21st Sept

Thurs 22nd Sept

Fri 23rd Sept

Mon 26th Sept

Tues 27th Sept

Wed 28th Sept

Thurs 29th Sept

Please complete & return the entire form.

Total Amount (office use only)

**To confirm your booking payment must be received
by Wednesday 14th September.**

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Permission Form

I hereby _____

give my child/children permission

Child's Name: _____

Child's Name: _____

Child's Name: _____

to attend the excursion to: **Cinema Friday 23rd September.** ☐

to attend the excursion to: **TunzaFun Harbourn/ Thursday 29th Sept** ☐

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: _____