

**ORMOND PRIMARY SCHOOL**  
**Summer 2018**  
**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 15th December. 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 Monday 18th December.**

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

Date	Children	Fee	Excursion	Total	CCB	Total
Monday 15 <sup>th</sup> Jan						
Tuesday 16 <sup>th</sup> Jan						
Wednesday 17 <sup>th</sup> Jan			\$17.00			
Thursday 18 <sup>th</sup> Jan						
Friday 19 <sup>th</sup> Jan			Pay on the day			
Monday 22 <sup>nd</sup> Jan						
Tuesday 23 <sup>rd</sup> Jan			Pre order			
Wednesday 24 <sup>th</sup> Jan						
Thursday 25 <sup>th</sup> Jan						
Friday 26 <sup>th</sup> Jan	PUBLIC	HOLIDAY				
Monday 29 <sup>th</sup> Jan						
Total						

**ORMOND PRIMARY SCHOOL**  
**Summer 2018 Confirmation Form**

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

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

All other bookings must be received with payment **Monday 18<sup>th</sup> December 2017**.

Please provide the number of children attending in the boxes.

Mon 15<sup>th</sup> Jan

Tues 16<sup>th</sup> Jan

Wed 17<sup>th</sup> Jan

Thurs 18<sup>th</sup> Jan

Fri 19<sup>th</sup> Jan

Mon 22<sup>nd</sup> Jan

Tues 23<sup>rd</sup> Jan

Wed 24<sup>th</sup> Jan

Thurs 25<sup>th</sup> Jan

Mon 29<sup>th</sup> Jan

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

**Total Amount (office use only)**

**To confirm your booking payment must be received  
by Monday 18<sup>th</sup> December 2017.**

**ORMOND PRIMARY SCHOOL**  
**Summer 2018 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 19<sup>th</sup> January 2018.** ☐

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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: \_\_\_\_\_