

ORMOND PRIMARY SCHOOL
Autumn 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 24th March.

See new payment options at the bottom of the program schedule .

Bookings will be accepted until sold out or by Friday 24th March .

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

Date	Children	Fee	Excursion	Total	CCB	Total
Monday 3 rd April						
Tuesday 4 th April						
Wednesday 5 th April						
Thursday 6 th April			Pay on the day			
Friday 7 th April			Pay on the day			
Monday 10 th April						
Tuesday 11 th April						
Wednesday 12 th April			\$14.00			
Thursday 13 th April						
GOOD FRIDAY	CLOSED					
Total						

ORMOND PRIMARY SCHOOL
Autumn 2017 Confirmation Form

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

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

All other bookings must be received with payment **Wednesday 29th March**.

Please provide the number of children attending in the boxes.

Mon 3rd April

Tues 4th April

Wed 5th April

Thurs 6th April

Fri 7th April

Mon 10th April

Tues 11th April

Wed 12th April

Thurs 13th April

Please complete & return the entire form.

Total Amount (office use only)

Bookings must be received by Friday 24th March.

See new payment options at the bottom of the program schedule .

ORMOND PRIMARY SCHOOL
Autumn 2017 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 7th April**

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I give my child/children permission

Child's Name: _____

Child's Name: _____

Child's Name: _____

to have their face painted and/or hair sprayed with coloured temporary dye
on Thursday 6th April

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Please initial the boxes for permission for the separate activities.

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Coloured Hair

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Face Paint

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Eye Shadow

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: _____