

**ORMOND PRIMARY SCHOOL**  
**Autumn 2016**  
**Holiday Program Booking Form**

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

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

**Child Care Benefit & Child Care Rebate**

**Claiming Child Care Benefit**

☐

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 18<sup>th</sup> March. 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 Tuesday 22<sup>nd</sup> March.**

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

Date	Children	Fee	Excursion	Total	CCB	Total
Tuesday 29 <sup>th</sup> March						
Wed 30 <sup>th</sup> March						
Thursday 31 <sup>st</sup> March						
Monday 4 <sup>th</sup> April						
Tuesday 5 <sup>th</sup> April			Pay on the day			
Wednesday 6 <sup>th</sup> April						
Thursday 7 <sup>th</sup> April			\$22.00			
Friday 8 <sup>th</sup> April						
<b>Total</b>						

**ORMOND PRIMARY SCHOOL**  
**Autumn 2016 Confirmation Form**

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

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

All other bookings must be received with payment **Tuesday 22<sup>nd</sup> March.**

Please provide the number of children attending in the boxes.

	Tues 29 <sup>th</sup> March	Wed 30 <sup>th</sup> March	Thurs 31 <sup>st</sup> March	
	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	
Mon 4 <sup>th</sup> April	Tues 5 <sup>th</sup> April	Wed 6 <sup>th</sup> April	Thurs 7 <sup>th</sup> April	Fri 8 <sup>th</sup> April
<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>

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

**Total Amount (office use only)**

**To confirm your booking payment must be received  
by Tuesday 22<sup>nd</sup> March.**

**ORMOND PRIMARY SCHOOL**  
**Autumn 2016 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 Tuesday 5<sup>th</sup> April**

☐

---

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: \_\_\_\_\_