

**ORMOND PRIMARY SCHOOL**  
**Spring 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 15th 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.

**Bookings will be accepted until sold out or by Wednesday 20th September.**

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

Date	Children	Fee	Excursion	Total	CCB	Total
Monday 25 <sup>th</sup> Sept						
Tuesday 26 <sup>th</sup> Sept						
Wednesday 27 <sup>th</sup> Sept			\$10.00			
Thursday 28 <sup>th</sup> Sept			\$16.00			
Friday 29 <sup>th</sup> Sept	PUBLIC	HOLIDAY				
Monday 2 <sup>nd</sup> Oct						
Tuesday 3 <sup>rd</sup> Oct			\$18.00			
Wednesday 4 <sup>th</sup> Oct						
Thursday 5 <sup>th</sup> Oct						
Friday 6 <sup>th</sup> Oct						
Total						

**ORMOND PRIMARY SCHOOL**  
**Spring 2017 Confirmation Form**

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

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

All other bookings must be received with payment **Wednesday 20<sup>th</sup> September**

Please provide the number of children attending in the boxes.

Mon 25<sup>th</sup> Sept

Tues 26<sup>th</sup> Sept

Wed 27<sup>th</sup> Sept

Thurs 28<sup>th</sup> Sept

Fri 29<sup>th</sup> Sept

Mon 2<sup>nd</sup> Oct

Tues 3<sup>rd</sup> Oct

Wed 4<sup>th</sup> Oct

Thurs 5<sup>th</sup> Oct

Fri 6<sup>th</sup> Oct

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

**Total Amount (office use only)**

**To confirm your booking payment must be received  
by Wednesday 20<sup>th</sup> September.**

**ORMOND PRIMARY SCHOOL**  
**Spring 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 Thursday 28<sup>th</sup> September** . ☐

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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: \_\_\_\_\_