

Vacation Care Booking Form



Sept / Oct School Holidays 2024

Participant/s Full Name: _____

Parent / Guardian Name: _____

Parent / Guardian Contact Number: _____

Parent / Guardian Email Address: _____

Date	Activity	Location	Child/ren attending (first name/s)	Daily Rate	Total \$
Mon 30-Sep-24	'Cook for a Cause' with Good in the Hood	Excursion		\$90	
Tues 01-Oct-24	Colourful Creations	In-centre		\$80	
Wed 02-Oct-24	Glow Dance Party	In-centre		\$80	
Thurs 03-Oct-24	Inflatable Obstacle Course	In-centre		\$80	
Fri 04-Oct-24	Crazy Hair Day	In-centre		\$80	
Mon 07-Oct-24	PUBLIC HOLIDAY – CENTRE CLOSED				
Tues 08-Oct-24	Jedi Dodgeball	In-centre		\$80	
Wed 09-Oct-24	Lego Robotics	In-centre		\$80	
Thurs 10-Oct-24	Magic Mayhem	In-centre		\$80	
Fri 11-Oct-24	Masterchef Day	In-centre		\$80	
			GRAND TOTAL		\$

Payment in full is a required to make a confirmed booking.

Please use our preferred method of payment below.

I have paid by Direct Deposit to Account:

Balmain East Out of School Care
Commonwealth Bank
BSB: 062110
Account No: 00903605

I will pay via Direct Debit in Xplor

I give permission for my child/ren to attend all excursions and partake in all activities that are offered on the days that they are attending. I understand and accept that sporting and other equipment may be used.

X _____ Date ____ _

I understand that if needed, my child will be transported to hospital by ambulance and / or medical advice will be sought by a doctor at the program coordinator's discretion.

X _____ Date ____ _

I give permission for my child to be photographed / videoed while participating in the program. I understand that pictures may be used to promote the service in the future.

X _____ Date ____ _

I give permission for my child to view PG-rated movies at the staff's discretion.

X _____ Date ____ _

I give permission for BESC staff to supply sunscreen and supervise its application at their discretion.

X _____ Date ____ _