

# Summer 2023 /2024 Vacation Booking Form



PARTICIPANT'S NAME(S): \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S DAYTIME CONTACT: \_\_\_\_\_

PARENT'S EMAIL ADDRESS: \_\_\_\_\_

Date & Activity	Children Total	Daily Rate	Total \$	Parent/ Carer Signature For Authorisation to attend for child to Attend Excursions/ Incursions
Monday 18 <sup>th</sup> Dec CHRISTMAS BUILD A BEAR @ Centre		\$80		
Tuesday 19 <sup>th</sup> Dec 9D CINEMA EXPERIENCE@ Centre		\$80		
Wednesday 20 <sup>th</sup> Dec GAMES 2 U @ Centre		\$80		
Thursday 21 <sup>st</sup> Dec CHRISTMAS WITH BEN THE BUSHIE @CENTRE		\$80		
<b>CHRISTMAS BREAK RE-OPEN 15<sup>th</sup> JANUARY 2024</b>				
Monday 15 <sup>th</sup> Jan 2024 RECYCLEABLE CRAFT DAY		\$80		
Tuesday 16 <sup>th</sup> Jan 2024 PUPPERTRY WORKSHOP		\$80		
Wednesday 17 <sup>th</sup> Jan 2024 SPLASHTASTIC		\$80		
Thursday 18 <sup>th</sup> Jan 2024 SPACE WORKSHOP		\$80		
Friday 20 <sup>th</sup> Jan 2024 SLIME SCIENCE		\$80		
<b>Monday 22<sup>nd</sup> Jan 2024 BUSH BUILDERS</b>				
Tuesday 23 <sup>rd</sup> Jan 2024 TALENT QUEST		\$80		
Wednesday 24 <sup>th</sup> Jan 2024 WHEELS DAY		\$80		
Thursday 25 <sup>th</sup> Jan 2024 BUBBLE POP PEOPLE		\$80		
Friday 26 <sup>th</sup> Jan 2024 AUSTRALIA DAY	PUBLIC			HOLIDAY
TOTAL			\$	

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

If you are claiming Child Care Subsidy, please wait for your statement on confirmation before payment

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 00903605 (please attach a copy of receipt)

I give permission for my child/ren to attend all excursions and partake in all activities that are offered on the days that are attended by my child/ren. I understand that this may require travel on bus, ferry or on foot. I understand and accept that sporting equipment may be used.

X \_\_\_\_\_ / \_\_\_\_/ \_\_\_\_/ 2022/2023

I understand that 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 \_\_\_\_\_ / \_\_\_\_/ \_\_\_\_/ 2022/2023

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 \_\_\_\_\_ / \_\_\_\_/ \_\_\_\_/ 2022/2023

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

X \_\_\_\_\_ / \_\_\_\_/ \_\_\_\_/ 2022/2023

I give permission for BESC to supply sunscreen and supervise its application

X \_\_\_\_\_ / \_\_\_\_/ \_\_\_\_/ 2022/2023