

## Vacation Care Booking Form

I agree that the following information is correct and up to date:

- Centre has received a completed enrolment form
- Parent phone numbers
- Emergency contact details
- Medical conditions and action plans
- Custody arrangements

Yes all details are correct

No, details have changed. (Please fill in correct details in comments box below)

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

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

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

Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### **Booking Details September/October Holidays 24/08/18 – 05/09/18**

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**Week One** (please circle)

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

**Week Two** (please circle)

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

**Comments**