

BELROSE OSHC CENTRE VACATION CARE BOOKING FORM APRIL 2009

Phone: 0430 247 493

Email: boshc@primaryoshcare.com.au

Childs Name			Date of Birth
Address			
Name	Parent 1 (Account billed)	Parent 2	
Phone number			
DOB			
CRN			
Emergency contact details			
SCHOOL ATTENDED			
Does your child have any additional needs or requirements (cultural, dietary, health etc)			

Please tick the booked days in the space provided. Please note that bookings are not confirmed unless payment is received.

Date	Excursion & Additional Cost details		TICK to book	SIGN to consent for attendance on excursion
Tuesday 14 th April	Movies	\$15.50		
Wednesday 15 th April	Sculpture Day			
Thursday 16 th April	Ten Pin bowling	\$14.00		
Friday 17 th April	Crazy Hair & Scavenger	\$4.00		
Monday 20 th April	Wildflower Gardens	\$11.50		
Tuesday 21 st April	A day in space			
Wednesday 22 nd April	Disco/Karaoke Day	\$4.00		
Thursday 23 rd April	Technology & Board Games			
Friday 24 th April	Movies	\$15.50		
Monday 27 th April	Reptile day	\$13.00		
Tuesday 28 th April	Day in theMediterranean			
Annual Registration \$20 (for families/enrolments using VC ONLY)				
TOTAL PAID				

I have read and understand the conditions of this booking and accept that no refund is available once the booking is made. Late fees will be charged for overdue fee payments.

Signed:

Date:



**PLEASE COMPLETE AND RETURN BOOKING FORM WITH PAYMENT (by fax or in person to the Centre) NO LATER THAN FRIDAY 3rd April.
THANKYOU FOR YOUR ASSISTANCE**