

EAST PARA PRIMARY VACATION CARE

BOOKING FORM

PHONE: 8264 3283 MOBILE: 0478 752 270

Family Name: _____

Children Names: _____

WEEK ONE – Dec 2017

Day	Monday 18 th	Tuesday 19 th	Wednesday 20 th	Thursday 21 st	Friday 22 nd
Booked					
		Excursion	Centre Visit	Excursion	

WEEK TWO – Jan 2018

Day	Monday 8 th	Tuesday 9 th	Wednesday 10 th	Thursday 11 th	Friday 12 th
Booked					
		Excursion	Centre Visit	Excursion	

WEEK THREE – Jan 2018

Day	Monday 15 th	Tuesday 16 th	Wednesday 17 th	Thursday 18 th	Friday 19 th
Booked					
		Excursion	Centre Visit	Excursion	

WEEK FOUR – Jan 2018

Day	Monday 22 nd	Tuesday 23 rd	Wednesday 24 th	Thursday 25 th	Friday 26 th
Booked					Public
		Excursion	Centre Visit		Holiday

I give my child/children permission to attend these in/excursions:

Tuesday 19th Dec– Uni SA Sport _____

Wednesday 20th Dec – Animals Anonymous _____

Thursday 21st Dec –Cinemas _____

Tuesday 9th Jan – Bowling _____

Wednesday 10th Jan–Waterslide _____

Thursday 11th Jan –Adelaide Oval _____

Tuesday 16th Jan – Mega Courts _____

Wednesday 17th Jan– Plant Terrarium _____

Thursday 18th Jan - Ice Skating _____

Tuesday 23rd Jan – Cinemas _____

Wednesday 24th Jan– Pinball Machine _____

I have read the additional notes in the program and accept and understand my responsibilities for use of this service.

Parent Signature _____ **Date** _____

I understand that excursions may be changed at the Director’s discretion and that the service will make every effort to contact parents/caregivers regarding any changes made. If children have not arrived at stated departure time, unfortunately due to time constraints we will leave without them.

Parent’s signature: _____ **Date:** _____