

EAST PARA PRIMARY VACATION CARE

BOOKING FORM

PHONE: 8264 3283 MOBILE: 0478 752 270

Family Name: _____

Children Names: _____

WEEK ONE – October 2017

Day	Monday 2 nd	Tuesday 3 rd	Wednesday 4 th	Thursday 5 th	Friday 6 th
Booked	Public				
	Holiday	Excursion	Centre Visit	Excursion	

WEEK TWO – October 2017

Day	Monday 9 th	Tuesday 10 th	Wednesday 11 th	Thursday 12 th	Friday 13 th
Booked					
		Excursion	Centre Visit	Excursion	

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

Tuesday 3rd October – Thunderbirds Slot Car Racing _____

Wednesday 4th October – Sci World and Stardome _____

Thursday 5th October – Extreme Inflatables _____

Tuesday 10th October – Tunza Fun Elizabeth _____

Wednesday 11th October – Tie Dying _____

Thursday 12th October – Salisbury Cinemas _____

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:** _____