

EAST PARA PRIMARY VACATION CARE

BOOKING FORM

PHONE: 8264 3283 MOBILE: 0478 752 270

Family Name: _____

Children Names: _____

WEEK ONE – July 2018

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

WEEK TWO – July 2018

Day	Monday 16 th	Tuesday 17 th	Wednesday 18 th	Thursday 19 th	Friday 20 th
Booked					
		Excursion	Centre Visit	Excursion	

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

Tuesday 10th July – Brahma Lodge Bowling _____

Wednesday 11th July – Candle Workshop _____

Thursday 12th July – Slot Car Racing _____

Tuesday 17th July – Mega Courts _____

Wednesday 18th July – Games Day _____

Thursday 19th July – 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: _____