

EAST PARA PRIMARY VACATION CARE

BOOKING FORM

PHONE: 8264 3283 MOBILE: 0478 752 270

Family Name: _____

Children Names: _____

WEEK ONE – July 2017

Day	Monday 10 th	Tuesday 11 th	Wednesday 12 th	Thursday 13 th	Friday 14 th
Booked					
		Excursion	Centre Visit	Excursion	

WEEK TWO – July 2017

Day	Monday 17 th	Tuesday 18 th	Wednesday 19 th	Thursday 20 th	Friday 21 st
Booked					
		Excursion	Centre Visit	Excursion	

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

Tuesday 11th July – Birdwood Motor Museum _____

Wednesday 12th July – Wheelchair Sports _____

Thursday 13th July – Brahma Lodge Bowling _____

Tuesday 18th July – Plaster Funhouse _____

Wednesday 19th July – Web On A Slide _____

Thursday 20th 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: _____