



Vacation Care Booking Form Summer 2024-25



Participant/s Full Name: _____

Parent / Guardian Name: _____

Parent / Guardian Contact Number: _____

Parent / Guardian Email Address: _____

Date	Activity	Location	Child/ren attending (first name/s)	Daily Rate	Total \$
Thurs 19/1	Celebrating Xmas activity day	In-centre		\$85	
Fri 20/12	End of Year/ Xmas Party	In-centre		\$85	
Mon 13/01	Wheels Day	In-centre		\$85	
Tue 14/01	Let's get Creative!	In-centre		\$85	
Wed 15/01	Science Day	In-centre		\$85	
Thurs 16/01	Slip 'n Slide	Incursion		\$85	
Fri 17/01	Backyard Bugs	In-centre		\$85	
Mon 20/01	Good in the Hood	Excursion		\$95	
Tue 21/01	Fabric Painting	In-centre		\$85	
Wed 22/01	Wet & Wow Day	In-centre		\$85	
Thurs 23/01	Radical Reptiles Show	Incursion		\$85	
Fri 24/01	Pyjama Party	In-centre		\$85	
Mon 27/01	PUBLIC HOLIDAY – closed				
Tue 28/01	Ultra Gaming Experience	Incursion		\$85	
Wed 29/01	Ten Pin Tie Dye	In-centre		\$85	
Thurs 30/01	Masterchef for a Day	In-centre		\$85	
Fri 31/01	Party Games Day	In-centre		\$85	
Mon 03/02	No Limit Sports Day	In-centre		\$85	
Tue 04/02	Let's Get Creative	In-centre		\$85	
Wed 05/02	Kids in the Kitchen	In-centre		\$85	
			GRAND TOTAL		\$

Payment in full is required to confirm bookings.

PAYMENT METHOD

I have paid by Direct Deposit to Account:

Balmain East Out of School Care
Commonwealth Bank
BSB: 062110
Account No: 00903605

I will pay via Direct Debit in Xplor

ACKNOWLEDGEMENTS & PERMISSIONS

1. I give permission for my child/ren to attend all excursions and partake in all activities that are offered on the days that they are attending. I understand and accept that sporting and other equipment may be used.

X _____ Date ____/____/____

2. I give permission for my child/ren to travel by foot or by public bus if required (e.g. for excursions). I understand and acknowledge that children will be supervised by a qualified educator and all appropriate risk assessments will be completed as required and are available for me to view at the centre.

X _____ Date ____/____/____

3. I understand that if needed, my child will be transported to hospital by ambulance and / or medical advice will be sought by a doctor at the program coordinator's discretion.

X _____ Date ____/____/____

4. I give permission for my child to be photographed / videoed while participating in the program. I understand that pictures may be used to promote the service in the future.

X _____ Date ____/____/____

5. I give permission for my child to view PG-rated movies at the staff's discretion.

X _____ Date ____/____/____

6. I give permission for BESC staff to supply sunscreen and supervise its application at their discretion.

X _____ Date ____/____/____