

EAST PARA PRIMARY VACATION CARE

BOOKING FORM

PHONE: 8264 3283 MOBILE: 0478 752 270

Family Name: _____

Children Names: _____

WEEK ONE – Dec 2020

Day	Monday 14 th	Tuesday 15 th	Wednesday 16 th	Thursday 17 th	Friday 18 th
Booked					
		Centre Visit	Centre Visit	Centre Visit	

WEEK TWO – Jan 2021

Day	Monday 4 th	Tuesday 5 th	Wednesday 6 th	Thursday 7 th	Friday 8 th
Booked					
		Excursion	Centre Visit	Excursion	

WEEK THREE – Jan 2021

Day	Monday 11 th	Tuesday 12 th	Wednesday 13 th	Thursday 14 th	Friday 15 th
Booked					
		Excursion	Centre Visit	Excursion	

WEEK FOUR – Jan 2021

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

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

Tuesday 15th Dec– Junior Arcade Machine _____

Wednesday 16th Dec – Dartball and Snookerfeet _____

Thursday 17th Dec –Inflatable Cinemas____ _____

Tuesday 5th Jan – Bowling____ _____

Wednesday 6th Jan–Slip n Slide_____

Thursday 7th Jan –Mars Sports Centre_____

Tuesday 12th Jan – Ice Arena_____

Wednesday 13th Jan– Nature Education Centre_____

Thursday 14th Jan - Game Room Essentials_____

Tuesday 19th Jan – Dolphin Explorer_____

Wednesday 20th Jan– Inflatable Warehouse Laser Tag _____

Thursday 21st Jan – TTP 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:**_____