EAST PARA PRIMARY VACATION CARE

BOOKING FORM

PHONE: 8264 3283 MOBILE: 0478 752 270

Family Name: _____

Children Names: _____

_____

_____

WEEK ONE – September/October 2020

Day	Monday 28th	Tuesday 29th	Wednesday 30th	Thursday 1st	Friday 2nd
Booked					
		Centre Visit	Centre Visit	Centre Visit	

WEEK TWO – October 2020

Day	Monday 5th	Tuesday 6th	Wednesday 7th	Thursday 8th	Friday 9th
Booked	Public				
	Holiday	Centre Visit	Centre Visit	Centre Visit	

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

Tuesday 29th September – Star Wars Pinball_____

Wednesday 30th September– Bricks 4 Kidz_____ _____

Thursday 1st October – Flower Crowns And Terrariums_____

Tuesday 6th October – MissFIT Dancing_____ _____

Wednesday 7th October – Ninja Sports Arena _____

Thursday 8th October – Inflatable Cinema_____

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 activities may be changed at the Director's discretion and that the service will make every effort to contact parents/caregivers regarding any changes made.

Parent's signature:_____ _____ Date:_____