



CUBBYHOUSE VACATION CARE BOOKING FORM

For Locations, Hours, and Fee Information, please see the program for your selected centre

General enquiries: 1300 553 583

Email: cubbyhouse@enrolmentsteam.com.au

Centre: Mowbray

Family Name: _____

Child/ren's Name: _____

I have previously attended Vacation Care at this centre – **YES / NO** – Please Circle

Child 1: _____

Monday April 15 th INCURSION	Tuesday April 16 th _____	Wednesday April 17 th EXCURSION	Thursday April 18 th INCURSION	Friday April 19 th PUBLIC HOLIDAY
Monday April 22 nd PUBLIC HOLIDAY	Tuesday April 23 rd EXCURSION	Wednesday April 24 th INCURSION	Thursday April 25 th PUBLIC HOLIDAY	Friday April 26 th _____
Monday April 29th _____	Tuesday April 30 th BACK TO SCHOOL			

Child 2: _____

Monday April 15 th INCURSION	Tuesday April 16 th _____	Wednesday April 17 th EXCURSION	Thursday April 18 th INCURSION	Friday April 19 th PUBLIC HOLIDAY
Monday April 22 nd PUBLIC HOLIDAY	Tuesday April 23 rd EXCURSION	Wednesday April 24 th INCURSION	Thursday April 25 th PUBLIC HOLIDAY	Friday April 26 th _____
Monday April 29th _____	Tuesday April 30 th BACK TO SCHOOL			



Child 3: _____

Monday April 15 th INCURSION	Tuesday April 16 th _____	Wednesday April 17 th EXCURSION	Thursday April 18 th INCURSION	Friday April 19 th PUBLIC HOLIDAY
Monday April 22 nd PUBLIC HOLIDAY	Tuesday April 23 rd EXCURSION	Wednesday April 24 th INCURSION	Thursday April 25 th PUBLIC HOLIDAY	Friday April 26 th _____
Monday April 29 th _____	Tuesday April 30 th BACK TO SCHOOL			

<p><u>Vacation Fees</u></p> <p>Normal day: \$61.00 per day</p> <p>Incursion day: \$71.00 per day</p> <p>Excursion day: \$86.00 per day</p>
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IMPORTANT NOTICE:

The provision of the service will be reliant on receiving a minimum number of confirmed enrolments per day. Cubbyhouse reserves the right to cancel or combine services if these numbers are not met one week prior to the commencement of the service.

For staffing and food purposes, we ask that you complete this form by **MONDAY 8th of APRIL 2019**

CUBBYHOUSE VACATION CARE TERMS OF ENROLMENT

PLEASE NOTE YOUR ENROLMENT WILL NOT BE PROCESSED UNLESS YOU HAVE SIGNED THE BELOW CHILDREN CAN ATTEND THE VACATION CARE SERVICE IF YOU HAVE RECEIVED A CONFIRMATION EMAIL FROM OUR ENROLMENTS TEAM

General Enquiries: 1300 553 583

Email: cubbyhouse@enrolmentsteam.com.au

Centre: **Mowbray**

Family Name: _____

Child/ren's Name: _____

Terms Of Enrolment

Please provide children with morning tea and lunch as well as a water bottle - Afternoon tea will be provided.

Hats, sunscreen and suitable clothing & footwear must be worn on all days.

No responsibility will be taken for lost or stolen items.

Electronics are strictly banned.

NO FOOD CONTAINING PEANUT PRODUCTS OR TRACES OF PEANUTS ARE TO BE TAKEN INTO THE CENTRE

Photos and videos may be taken for display, accreditation and advertising purposes at the Centre. Parents' consent to such is given when parents sign this form.

It is compulsory to attend the entertainment provided and I agree to my child's participation.

(This applies for Incursions & Excursions - If your child is enrolled for a day that falls as an Excursion day it is compulsory for your child to attend. No children or staff can stay at the centre during an excursion.)

I have completed the Excursion Permission forms if I wish my Child/Children to attend an Excursion.

If your child requires Ventolin or an Epi-Pen, an Action Plan and the medication must be supplied by the parent. It is our policy that under no circumstances can any medication (excluding Ventolin and Epi-Pen) be brought into our Service for children to either administer themselves or be assisted by staff. If your child is found to have medication on them, you will be contacted immediately to come and collect the child and the medication.

In an event of an emergency, accident or illness concerning my child and the Centre staff not being able to contact me or the other person so authorised by me, I consent to the Centre seeking on my behalf, medical or hospital attention for my child and I accept financial responsibility for expenses incurred. I understand that children with a contagious disease will not be accepted.

I understand that Cubbyhouse Management has the right to cancel this service if it does not reach the required minimum number of enrolments.

All Asthma, Anaphylaxis and Allergy information has been added to my Child/Children's Enrolment Section, Individual Health Plan and Action Plan has been attached to this enrolment form for processing.

Enrolments submitted after Monday 8th of April 2019 will incur a \$10 late enrolment fee.

All bookings and absences are charged and non-refundable after Monday 8th of April 2019

I give Cubbyhouse Childcare permission to deduct fees from the Credit Card or nominated Bank Account provided on my account.

Signed: _____

Name: _____

Date: _____