



YMCA JAMBOREE HEIGHTS VACATION CARE

BOOKING FORM APRIL 2017

Registered Guardian

Name: _____ D.O.B: _____ CRN: _____

Address: _____

Phone (1): _____ Phone (2): _____ Email: _____

CHILD 1

Name: _____ D.O.B: _____ CRN: _____

CHILD 2

Name: _____ D.O.B: _____ CRN: _____

CHILD 3

Name: _____ D.O.B: _____ CRN: _____

CHILD 4

Name: _____ D.O.B: _____ CRN: _____

New Medical Conditions: _____

Authorised Person/s able to collect children: _____

Custody Orders in Place: YES NO

<input type="checkbox"/> Monday 3 rd April 2017	<input type="checkbox"/> Monday 10 th April 2017
<input type="checkbox"/> Tuesday 4 th April 2017	<input type="checkbox"/> Tuesday 11 th April 2017
<input type="checkbox"/> Wednesday 5 th April 2017	<input type="checkbox"/> Wednesday 12 th April 2017
<input type="checkbox"/> Thursday 6 th April 2017	<input type="checkbox"/> Thursday 13 th April 2017
<input type="checkbox"/> Friday 7 th April 2017	<input type="checkbox"/> CENTRE CLOSED 14/04/17

Name: _____ Signature: _____ Date: _____

Credit Card Details: Visa MasterCard

Card number: _____ Expiry Date: __ / __

Name on Card: _____ Signature: _____

Accounts will be sent to nominated e-mail address every Monday.

Credit card payments will be processed every Thursday within the week your child/ren attends care.