



YMCA JAMBOREE HEIGHTS VACATION CARE

BOOKING FORM APRIL 2018

**REGISTERED GUARDIAN INFORMATION**

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: \_\_\_\_\_

\_\_\_\_\_

Monday 2 <sup>nd</sup> April 2018	<b>CENTRE CLOSED</b>	<input type="checkbox"/> Monday 9 <sup>th</sup> April 2018
<input type="checkbox"/> Tuesday 3 <sup>rd</sup> April 2018		<input type="checkbox"/> Tuesday 10 <sup>th</sup> April 2018
<input type="checkbox"/> Wednesday 4 <sup>th</sup> April 2018		<input type="checkbox"/> Wednesday 11 <sup>th</sup> April 2018
<input type="checkbox"/> Thursday 5 <sup>th</sup> April 2018		<input type="checkbox"/> Thursday 12 <sup>th</sup> April 2018
<input type="checkbox"/> Friday 6 <sup>th</sup> April 2018		<input type="checkbox"/> Friday 13 <sup>th</sup> April 2018

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 each week that your child/ren attends care.