# YMCA Jamboree Heights Booking Form

Children's Name/s Child 1._____ Child 2._____
Child 3._____ Child 4._____

| CH1 CH2 CH3 CH4 | Week 1 | Cost | Activity |
|---|---|---|---|
| ☐ ☐ ☐ ☐ | Mon 24th Sep | $47/child | Spring Has Sprung! |
| ☐ ☐ ☐ ☐ | Tues 25th Sep | $62/child | Incursion – Old Macdonald's Farm |
| ☐ ☐ ☐ ☐ | Wed 26th Sep | $47/child | Messy Day |
| ☐ ☐ ☐ ☐ | Thurs 27th Sep | $67/child | Excursion – Inflatable World |
| ☐ ☐ ☐ ☐ | Fri 28th Sep | $47/child | Disney Day |

| CH1 CH2 CH3 CH4 | Week 2 | Cost | Activity |
|---|---|---|---|
| | Public Holiday | $/child | Public Holiday |
| ☐ ☐ ☐ ☐ | Tues 2nd Oct | $50/child | Ninja Warrior Gymnastics Day |
| ☐ ☐ ☐ ☐ | Wed 3rd Oct | $57/child | Incursion – Ocean Life |
| ☐ ☐ ☐ ☐ | Thurs 4th Oct | $50/child | Gymnastics Day |
| ☐ ☐ ☐ ☐ | Fri 5th Oct | $47/child | Sports Galore |
| ☐ ☐ ☐ ☐ | Mon 22nd Oct | $47/child | Pupil Free Day – Dress Up Day |

| PARENT/GUARDIAN NAME: | **Parent Signature:** | **Date:** |
|---|---|---|

**DETAILS FOR FEE PAYMENT & CANCELATION POLICY**

By signing the below I give the YMCA Vacation Care program authority to take payment for the nominated vacation care period; If direct payment is to be made via Bpay or at the service no details are required. 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. Due to the transition to the Child Care Subsidy, parents must apply and approve information before any rebate can be calculated on the account. Full fees will be charged on all accounts until this process is completed. Payment will be taken prior to the commencement of care and all days will be charged as per this form unless cancelled 7 days prior. Your account will be charged for the full session time of 7am – 6pm each day.

Credit Card Details: Visa ☐ MasterCard ☐

Card No: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiry Date: __ __ __ __

Card Name: _____ Signature: _____

## Permission to participate in Gymnastics activities

I _____, give permission for my children to participate in the Gymnastics activities at YMCA Jamboree Heights during the above Vacation Care Program:

| PARENT/GUARDIAN NAME: | **Parent Signature:** | **Date:** |
|---|---|---|