 BELLEVUE HEIGHTS PRIMARY SCHOOL

 **Out of School Hours Care – Vacation Care**

##  **BOOKING SHEET**

## **July 2019**

**Please complete all forms and return to *OSHC STAFF ONLY.***

**If your child is not enrolled in the OSHC service you must also complete separate registration forms, available from OSHC or the school office.**

Children attending must be minimum age of 4 years and 6 months.

|  |  |  |  |
| --- | --- | --- | --- |
| Child's Name |  | Child's Name |  |
| Child's Name |  | Child's Name |  |
| Child's Name |  | Child's Name |  |

**WEEK 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **08/07/2019** | **09/07/2019** | **10/07/2019** | **11/07/2019** | **12/07/2019** |
| * Full day
* Half day - a.m.
* Half day - p.m.
 | * Full day
 | * Full day
* Half day - a.m.
* Half day - p.m.
 | * Full day
* Half day - a.m.
* Half day - p.m.
 | * Full day
* Half day - a.m.
* Half day - p.m.
 |

**WEEK 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **15/07/2019** | **16/07/2019** | **17/07/2019** | **18/07/2019** | **19/07/2010** |
| * Full day
* Half day - a.m.
* Half day - p.m.
 | * Full day
* Half day - a.m.
* Half day - p.m.
 | * Full day
 | * Full day
* Half day - a.m.
* Half day - p.m.
 | * Full day
 |

\*\*All bookings are final. **You will need to pay an estimated amount for your vacation care use at the time of** **booking.** A final invoice may show a balance due which must be paid within 7 days.\*\*

I give permission for my child/ren to participate in all activities occurring on the days that I have booked. I agree to delegate my authority to supervising educators. Such educators may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the children as a group and individually.

 Signature: ………………………………………….. Date: / /