



YMCA BOWEN HILLS VACATION CARE

Renewal Form 2017

Guardian Name: _____ Guardian CRN: _____

Phone (M): _____ Phone (H): _____ Phone (W): _____ Email: _____

Child 1: _____ DOB: _____ CRN: _____

Medical Condition: _____

Child 2: _____ DOB: _____ CRN: _____

Medical Condition: _____

Child 3: _____ DOB: _____ CRN: _____

Medical Condition: _____

Emergency Contact: _____ Contact Number: _____

- I/We agree to notify the Coordinator of any change to information provided on the enrolment form.
I/We have read and understand the YMCA terms and conditions which outline the payment of fees and agree to pay all childcare fees incurred.
I/We understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I/we fail to do so I/we will be responsible for paying full fees.
I/We agree to inform the Coordinator of any absence of my child/children as soon as possible and understand that there may be fees associated with changing bookings.
I/We agree to uphold all terms and conditions previously agreed to on the enrolment form.
I/We give permission for my/our child/children name and/or photograph to be used for promotional purposes and service displays.
I/We give permission for YMCA Staff to take photos of any injuries my/our child/children have - and use photos only for Child Protection purposes, or to corroborate or provide accurate evidence of any injury that has occurred in the care of YMCA Staff or Parent/Guardian.
I/We will notify the Coordinator of any medical, social, physical or mental conditions (including allergies) that my child.

Table with 2 columns: Week 1 (26 June 2017 - 30 June 2017) and Week 2 (3 July 2017 - 7 July 2017). Rows list days of the week and associated fees (e.g., Monday 26th June - \$55, Monday 3rd July - \$55).

By signing the below I agree to all Terms and Conditions mentioned on the enrolment form and renewal form and I give YMCA Bowen Hills authority to take payment for the nominated vacation care period;

Signature: _____

Credit Card Details (Please note we do not accept Amex or Diners)

Card number: _____

Expiry Date: __/__/__ Name on Card: _____

Please email or fax completed form - including signature.

- Fax to 07 3851 8811
Scan and save to computer
Email to

bree.halloran@ymcabrisbane.org