



YMCA JAMBOREE HEIGHTS VACATION CARE

BOOKING FORM SEPTEMBER 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 18 th September 2017	<input type="checkbox"/> Monday 25 th September 2017
<input type="checkbox"/> Tuesday 19 th September 2017	<input type="checkbox"/> Tuesday 26 th September 2017
<input type="checkbox"/> Wednesday 20 th September 2017	<input type="checkbox"/> Wednesday 27 th September 2017
<input type="checkbox"/> Thursday 21 st September 2017	<input type="checkbox"/> Thursday 28 th September 2017
<input type="checkbox"/> Friday 22 nd September 2017	<input type="checkbox"/> Friday 29 th September 2017

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.