

YMCA Bowen Hills Booking Form



September/October 2019 Vacation care

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

CH1 CH2 CH3 CH4	Week 1	Cost	Activity
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mon 23 Sept	\$65/child	Ginger Sport (Incursion)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tues 24 Sept	\$60/child	Health & Fitness for Kids
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wed 25 Sept	\$65/child	Let's Get Creative! (Incursion)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Thurs 26 Sept	\$55/child	Friendship Day
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fri 27 Sept	\$55/child	Kids Choice!
CH1 CH2 CH3 CH4	Week 2	Cost	Activity
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mon 30 Sept	\$55/child	Technology Day – Bring your own device!
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tues 1 Oct	\$65/child	Laser Tag (Incursion)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wed 2 Oct	\$55/child	So You Think You Can Dance?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Thurs 3 Oct	\$65/child	Magic Day! (Incursion)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fri 4 Oct	\$60/child	Ancient Egypt
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. As part of CCS requirements, 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. Your account will be charged for the full session time of 7am – 6pm each day. Due to the nature of CCS and staffing arrangements, we do not offer cancellation once your booking has been confirmed. For the same reasons we also cannot swap days of care.

Credit Card Details: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Card No: _____ Expiry Date: _____ CCV: _____
Card Name: _____ Signature: _____

Permission to participate in activities

I _____, give permission for my children to participate in the below areas/activities at YMCA Bowen Hills during the above Vacation Care Program:

- Sports Oval Fitness areas (not gym equipment) Gymnastics Inflatables / Jumping Castle

PARENT/GUARDIAN NAME:	Parent Signature:	Date:
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Please return booking form to cheyanne.harding@ymcabrisbane.org