CMS Holiday Program

Child’s Name: ____________________________________________

Class:

☐ Acacia  ☐ Banksia  ☐ Casuarina  ☐ Dryandra
☐ Red Gum  ☐ Grevillea  ☐ Melaleuca  ☐ Karri

Parents Names:  1. ____________________________________________

2. ____________________________________________

Contact Numbers:  1. (W)____________(H)______________

2. (W)____________(H)______________

Please nominate your preferred option:

☐ A. Two weeks (Full day)
☐ B. Part time (Full day) – Please nominate days on table below

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/04/16</td>
<td>12/04/16</td>
<td>13/04/16</td>
<td>14/04/16</td>
<td>15/04/16</td>
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<td>Incursion $15</td>
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<table>
<thead>
<tr>
<th>WEEK 2</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>18/04/16</td>
<td>19/04/16</td>
<td>20/04/16</td>
<td>21/04/16</td>
<td>22/04/16</td>
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Please note:

- Late pick-ups will incur a $20.00 late fee.
- Due to staffing considerations, cancellations cannot be accommodated (the full fee will be charged though you will still be eligible for your CCR on any missed day).
- Bookings are for full day attendance only and the full fee will be charged if your child is picked up early.

Does your child have any allergies or other health issues?  Yes ☐  No ☐

If yes, an Emergency Treatment Plan should be attached.

Details: __________________________________________________________

Do you wish to receive your invoice by email?  (YES) ________  (NO) ________

Email address: ____________________________________________________

Signed: ___________________________  Date: ______________________