

CMS Holiday Program

Child's Name: _____

Class:	<input type="checkbox"/> Acacia	<input type="checkbox"/> Banksia	<input type="checkbox"/> Casuarina	<input type="checkbox"/> Dryandra
	<input type="checkbox"/> Red Gum	<input type="checkbox"/> Grevillea	<input type="checkbox"/> Melaleuca	<input type="checkbox"/> Karri

Parents Names: 1. _____

2. _____

Contact Numbers: 1. (W) _____ (H) _____

2. (W) _____ (H) _____

Please nominate your preferred option:

- Two weeks (Full day) 7:30am - 6:00pm
- Part time (Full day) – Please nominate days on table below 7:30am – 6:00pm
- Two weeks 8:30am – 6:00pm
- Part time 8:30am – 6:00pm Please nominate on table below.

	Mon	Tues	Wed	Thurs	Fri
WEEK 1	10/4/17 <input type="checkbox"/>	11/4/17 <input type="checkbox"/> Reptiles \$10	12/4/17 <input type="checkbox"/>	13/4/17 <input type="checkbox"/> Gym \$6.60	PUBLIC HOLIDAY
WEEK 2	PUBLIC HOLIDAY	18/4/17 <input type="checkbox"/>	19/4/17 <input type="checkbox"/> Gym \$6.60	20/4/17 <input type="checkbox"/>	21/4/17 <input type="checkbox"/>

Please note:

- Late pick-ups after 6pm 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: _____