



## 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"/> Redgum	<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:

- A. Two weeks (Full day) 7:30am -6:00pm (\$89/day)
- B. Part time (Full day) 7:30am – 6:00pm (\$89/day)- Please nominate days on table below
- C. Two weeks 8:30am – 6:00pm (\$80/day)
- D. Part time 8:30am – 6:00pm (\$80/day)- Please nominate days on table below

	Mon	Tues	Wed	Thurs	Fri
<b>WEEK 1</b>	PUBLIC HOLIDAY	27/09/16 <input type="checkbox"/>	28/09/16 <input type="checkbox"/>	29/09/16 <input type="checkbox"/> Incursion \$10.00	30/09/16 <input type="checkbox"/>
<b>WEEK 2</b>	PUBLIC HOLIDAY	4/10/16 <input type="checkbox"/>	5/10/16 <input type="checkbox"/>	6/09/16 <input type="checkbox"/>	7/09/16 <input type="checkbox"/>

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: \_\_\_\_\_