



## 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:**

- Full time (Full day) 8:30am – 6:00pm @ \$80 per day
- Full time (Full day) 7:30am – 6:00pm @ \$89 per day
- Part time (Full day) – Please nominate days on table below 8:30am – 6:00pm @ \$80 per day.
- Part time (Full day) – Please nominate days on table below 7:30am – 6:00pm @ \$89 per day

	Mon	Tues	Wed	Thurs	Fri
<b>WEEK 1</b>	16/4/18 <input type="checkbox"/> Incursion \$13	17/4/18 <input type="checkbox"/>	18/4/18 <input type="checkbox"/>	19/4/18 <input type="checkbox"/> Bouncy Castle \$17	20/4/18 <input type="checkbox"/> Gym \$7
<b>WEEK 2</b>	23/4/18 <input type="checkbox"/> Bouncy Castle \$17	24/4/18 <input type="checkbox"/> Gym \$7	25/4/18 ANZAC Day	26/4/18 <input type="checkbox"/>	27/4/18 <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 after 6 April (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

Details: \_\_\_\_\_

*If your child has asthma or anaphylaxis, an emergency treatment plan should be provided*

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

Email address: \_\_\_\_\_

I give permission for my child to attend the activities on the days I have indicated above and to pay the extra cost as shown. I have read and understood the program information distributed and understand that risk assessments are available from the office.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_