



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
WEEK 1	17/12/18 <input type="checkbox"/>	18/12/18 <input type="checkbox"/> Petting Zoo \$15	19/12/18 <input type="checkbox"/> Reptile Zoo \$5	20/12/18 <input type="checkbox"/> Bouncy Castle \$17	21/12/18 <input type="checkbox"/>
WEEK 2	31/12/18 School Closed	1/1/19 Happy New Year	2/1/19 <input type="checkbox"/>	3/1/19 <input type="checkbox"/>	4/1/19 <input type="checkbox"/> Gym \$8
WEEK 3	7/1/19 <input type="checkbox"/> Chickens \$5	8/1/19 <input type="checkbox"/>	9/1/19 <input type="checkbox"/>	10/1/19 <input type="checkbox"/> Bouncy Castle \$17	11/1/19 <input type="checkbox"/> Gym \$8
WEEK 4	14/1/19 <input type="checkbox"/> Chickens \$5	15/1/19 <input type="checkbox"/>	16/1/19 <input type="checkbox"/> Puppets \$13.50	17/1/19 <input type="checkbox"/> Bouncy Castle \$17	18/1/19 <input type="checkbox"/> Gym \$8
WEEK 5	21/1/19 <input type="checkbox"/>	22/1/19 <input type="checkbox"/> Animal making \$18	23/1/19 <input type="checkbox"/>	24/1/19 <input type="checkbox"/> Bouncy Castle \$17	25/1/19 <input type="checkbox"/> Gym \$8
WEEK 6	28/1/19 Public Holiday	29/1/19 <input type="checkbox"/>	30/1/19 <input type="checkbox"/>	31/1/19 School Closed	1/2/19 School Closed

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: _____