



HAMPTON PARK COMMUNITY HOUSE

BOOKING IN FORM: 7th – 25 January 2019

271

Surname of Child / Children: _____

****Please note the DAILY fee for the relative program day less Child Care Subsidies.**

Please tick the days you wish to book ✓

Child's given name:	WEEK 1					WEEK 2					WEEK 2				
	Mon 7/1	Tue 8/1	Wed 9/1	Thu 10/1	Fri 11/1	Mon 14/1	Tue 15/1	Wed 16/1	Thu 17/1	Fri 18/1	Mon 21/1	Tue 22/1	Wed 23/1	Thu 24/1	Fri 25/1
Fee per child (less Child Care Subsidy if appl)	50.00	50.00	60.00	75.00	50.00	50.00	62.00	50.00	50.00	68.00	50.00	50.00	62.00	50.00	50.00
CH1															
CH2															
CH3															
CH4															

Please note that bookings made after 14th December 2018 will incur a \$ 10.00 administration fee.

Excursion Authorisation

I give permission for my child/children to participate in all excursion activities and where required, be transported by our House bus or hire bus, equipped with seatbelts, between the excursion venue and Hampton Park Community House.

Signed: _____

Date: _____

FEES:

A quote for Vacation Care costs will be provided for families who only use the Vacation Care program with fees to be paid in full prior to the commencement of the program.

For permanent users of the Before and After School Program and Vacation Care program - ALL outstanding OSH & previous Vacation Care fees must be **paid up to date** before this Booking In Form will be accepted.

I understand that I will be charged for all days booked and not attended or cancelled once the program scheduling has been completed. In case of an accident or illness, I hereby authorise the staff from the Out of school hours care program to seek medical or other attention as required, at my cost. I also understand that although all due care and supervision is provided, neither the Hampton Park Care Group Inc. or staff will be liable for any injury or damage however caused nor whatever nature that may be incurred by my child during attendance of these activities.

NAME: _____

(Please print)

SIGNED: _____ / /

BEST DAYTIME CONTACT NUMBER: _____

Booking Confirmed for Vacation Care at Hampton Park Community House as follows:
(To be completed by HPCH only)

Child's given name:	WEEK 1					WEEK 2					WEEK 2				
	Mon 7/1	Tue 8/1	Wed 9/1	Thu 10/1	Fri 11/1	Mon 14/1	Tue 15/1	Wed 16/1	Thu 17/1	Fri 18/1	Mon 21/1	Tue 22/1	Wed 23/1	Thu 24/1	Fri 25/1
Fee per child (less Child Care Subsidy if appl)	50.00	50.00	60.00	75.00	50.00	50.00	62.00	50.00	50.00	68.00	50.00	50.00	62.00	50.00	50.00
CH1															
CH2															
CH3															
CH4															