

## BOOKING FORM 2017

**Parent/Guardian** Person (wife/husband) who has child care benefit link with the child/ren and receives the Assessment Notice

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

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

**CHILD 1** Name: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

New Medical Conditions: \_\_\_\_\_

**CHILD 2** Name: \_\_\_\_\_ Age \_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

New Medical Conditions: \_\_\_\_\_

**CHILD 3** Name: \_\_\_\_\_ Age \_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

New Medical Conditions: \_\_\_\_\_

**CHILD 4** Name: \_\_\_\_\_ Age \_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

New Medical Conditions: \_\_\_\_\_

DAYS	Monday 11 Dec 2017	Tuesday 12 Dec 2017	Wednesday 13 Dec 2017	Thursday 14 Dec 2017	Friday 15 Dec 2017
CHILD/RENS NAME/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCB	\$66.00 per child	\$66.00 per child +\$13.00 sp act	\$66.00 per child	\$66.00 per child	\$66.00 per child

DAYS	Monday 18 Dec 2017	Tuesday 19 Dec 2017	Wednesday 20 Dec 2017	Thursday 21 Dec 2017	Friday 22 Dec 2017
CHILD/RENS NAME/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCB	\$66.00 per child	\$66.00 per child	\$66.00 per child	\$66.00 per child +\$13.00 sp act	\$66.00 per child

I give permission for my child/ren to participate in excursions to Camp Bundalong and/or Camp North Pine, Old Petrie Town from 11<sup>th</sup> – 22<sup>nd</sup> December 2017.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment by credit card:

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*Fees must be paid in full before your child attends. Statements will be sent to your nominated e-mail address. Credit card payments will be processed on the Thursday prior to the above table of dates.*

Please return booking form to: [camp.warrawee@ymcabrisbane.org](mailto:camp.warrawee@ymcabrisbane.org)