



## BOOKING FORM 2018

**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: \_\_\_\_\_

### Monday 1<sup>st</sup> to Friday 12<sup>th</sup> January 2018

**We are CLOSED and will be operating again from Monday 15<sup>th</sup> January**

**YMCA Camp Warrawee is hosting a Scouting Venture during this period.**

**Regretfully, we do not have the resources available to run our Vacation Care Program at the same time.**

**We sincerely apologise for the inconvenience!**

DAYS	Monday 15 Jan 2018	Tuesday 16 Jan 2018	Wednesday 17 Jan 2018	Thursday 18 Jan 2018	Friday 19 Jan 2018
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

I give permission for my child/ren to participate in excursions to Camp Bundalong and/or Camp North Pine, Old Petrie Town from 15<sup>th</sup> – 19<sup>th</sup> January 2018.

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)