

Parent/Guardian Person who is the CRN holder and eligible for childcare subsidy.

Name: _____ D.O.B: _____ CRN: _____

Address: _____

Phone (Home): _____ Phone (Mobile): _____ Phone (Work): _____

Email: _____

CHILD 1 Name: _____ Age: ____ D.O.B: _____ CRN: _____

CHILD 2 Name: _____ Age: ____ D.O.B: _____ CRN: _____

CHILD 3 Name: _____ Age: ____ D.O.B: _____ CRN: _____

CHILD 4 Name: _____ Age: ____ D.O.B: _____ CRN: _____

*** If your child suffers from a Diagnosed Medical Condition, there is a policy in place to help protect your child. Please tick below to indicate a Risk Minimisation Plan is required**

Permission to participate in activities and swimming ability

I _____, give permission for my child/ren to participate in the below areas/activities at the Y Camp Warrawee during the School Holiday Adventure Day Camp Program:
Swimming pool and natural water areas. Various adventure activities including, but not limited to, ropes courses, giant swing, rock climbing, archery and canoeing. Forested and natural areas on site. Excursion to Camp Bundalong, Camp North Pine or Old Petrie Town whereby crossing a road but remaining on the Y property

SWIMMING POOL / RIVER	NON-SWIMMER	NOVICE	INTERMEDIATE	ADVANCED
CHILD 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER INFORMATION:				

Signing this form confirms your booking request and gives permissions for your child/ren to participate in our program.

Requested Booking dates

December 2021					
WEEK 1	Monday 13 Dec	Tuesday 14 Dec	Wednesday 15 Dec	Thursday 16 Dec	Friday 17 Dec
<i>Child 1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 3</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCS	\$75 per child	\$75 per child +\$15 Special	\$75 per child	\$75 per child	\$75 per child
WEEK 2	Monday 20 Dec	Tuesday 21 Dec	Wednesday 22 Dec	Thursday 23 Dec	Friday 24 Dec
<i>Child 1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 3</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCS	\$75 per child	\$75 per child	\$75 per child +\$15 Special	\$75 per child	\$75 per child
January 2022					
WEEK 3	Monday 3 Jan	Tuesday 4 Jan	Wednesday 5 Jan	Thursday 6 Jan	Friday 7 Jan
<i>Child 1</i>	CLOSED Public Holiday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 2</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 3</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 4</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCS		\$75 per child	\$75 per child +\$15 Special	\$75 per child	\$75 per child
WEEK 4	Monday 10 Jan	Tuesday 11 Jan	Wednesday 12 Jan	Thursday 13 Jan	Friday 14 Jan
<i>Child 1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 3</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCS	\$75 per child	\$75 per child	\$75 per child	\$75 per child +\$15 Special	\$75 per child
WEEK 5	Monday 17 Jan	Tuesday 18 Jan	Wednesday 19 Jan	Thursday 20 Jan	Friday 21 Jan
<i>Child 1</i>	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
<i>Child 2</i>					
<i>Child 3</i>					
<i>Child 4</i>					

All days will be charged as per this form unless any cancelations are made by close of business of the **Monday the week prior** to the booking.

COVID-19 information

Please do not attend the Y Camp Warrawee, Adventure Day Camp Program if any of the following apply:

- You are experiencing flu-like symptoms (fever, a cough, sore throat, fatigue and/or shortness of breath)
- You have travelled overseas/interstate in the past 14 days where you might have come into contact with someone with the virus, or
- You have been in close contact with someone who appeared ill, or someone who has/is suspected of having coronavirus COVID-19

☐ Enrolment Form for 2021 provided

☐ Any changes to dietary or medical information provided

Risk Minimisation Plan is required if your child suffers from a Diagnosed Medical Condition

☐ Up to date Action Plan and Risk Minimisation Strategy provided

Fees must be paid in full the week after the school holiday period. Statements will be sent to your nominated e-mail address. For B-Pay accounts, non-payment of your bill within 7 days will be considered overdue and a reminder will be sent. Non-payment by 14 days will incur a \$36 late fee and the account will be referred to a debt collector agency and no further bookings will be able to be made.

Credit card or direct debit payments will be processed on the Wednesday after the above table of dates.

Payment by Credit Card

Card number: _____ Expiry Date: ____ ____ CCV: ____

Name on Card: _____ Signature: _____

Name: _____ Signature: _____ Date: _____

Please return this booking form to: AdventureDayCamp@ymcabrisbane.org

More information on <https://www.ymcacamping.com.au/programs/vacation-care-adventure-camp>