

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**

WEEK 1	Monday 28 Jun	Tuesday 29 Jun	Wednesday 30 Jun	Thursday 1 Jul	Friday 2 Jul
<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
WEEK 2	Monday 5 Jul	Tuesday 6 Jul	Wednesday 7 Jul	Thursday 8 Jul	Friday 9 Jul
<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 +\$15 Special	\$75 per child

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: _____

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 children to participate in our program.

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

Name: _____ **Signature:** _____ **Date:** _____

Please return this booking form to: camp.warrawee@ymcabrisbane.org