



Rutherford Spring 2021 Vacation Care Booking Sheet Authorisation Form

Places are limited so bookings will be prioritised firstly on Priority of Access guidelines, then on a first come first served basis.
 i.e. the earlier you submit your form, the better chance the places will be available.

Note: 5 Full Working Days Written Notice must be given to the Main Office to cancel bookings, or full fees must be paid

The day of cancellation is not counted as a Full Working Day-

Working Days are Monday to Friday, 9am – 5pm excluding Public Holidays

All Vacations Care forms to be returned via email: admin@mbcoosh.org.au

Due to COVID, our centres will be limited to 50 children for families that are essential workers

Cost:
 \$55.00 per child, per day

Session Times:
 6:30am-6:00pm

Monday 20 th September	Tuesday 21 st September	Wednesday 22 nd September	Thursday 23 rd September	Friday 24 th September		Monday 27 th September	Tuesday 28 th September	Wednesday 29 th September	Thursday 30 th September	Friday 1 st October

Please Tick Appropriate Boxes

As part of the Child Care Subsidy, could you please complete and confirm acceptance of the following terms and conditions so that our Service can receive Child Care Funding on your behalf and reduce your fees.

Child's Name: _____ Child's DOB: _____ Child's Class in 2021: _____

Parent/Guardian Name: _____ Daytime Contact Number: _____

Postal Address: _____

_____ Email Address: _____

Allergies, Disabilities or Health Needs: _____

Approximate time of arrival each day: _____ Approximate time of departure each day: _____

School Attending: _____ Are you an Ezi Debit customer at any of our centres: Yes No

Reason for using child care (Please Tick)

Social Activity for Children Studying Parent/s Other (Please Specify) _____

Respite Care Working Parent/s Essential Working Parent

I Confirm:

- The details I have provided on this form are true and correct
- I have agreed to the days of care and the start and end times of these sessions
- Care may be provided on a casual or flexible basis where available at the Service in addition to routine care as requested by myself (Parent/Guardian) and;
- I am liable to pay fees for my child's care as indicated on this form and in line with other information the service makes available to me (such as a Fee Schedule) which are subject to change over time based on advice from the Provider.

Children will not be allowed to attend any service if they are showing any signs or symptoms of a cold/fever

I accept the terms and conditions of this booking sheet and the Booking Information Sheet and understand that confirmation will be received via email.

Signed Parent/Legal Guardian: _____ Date: _____