

VACATION CARE

CITY

Name of child:

Date care commences:

Date care finishes:

Please tick the days you are booking your child into the centre.

Week Commencing	Mon	Tue	Wed	Thu	Fri

Before/After school care resumes on:

I/We understand that payment is due for all days booked and there is no refund for booked days that my child does not attend care for any reason.

Parent's Name:

Parent's Signature:

Date: _____