

# VACATION CARE

## Wilsonton

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

\_\_\_\_\_