



Booking Form

Winter 2024

I consent to my child/re _____
attending the following days:

Date	Number of Children	Activity	Fee per day, per child	Total Cost
Monday 23 rd September		Spring Day	\$65	
Tuesday 24 th September		Science Experiment	\$65	
Wednesday 25 th September		(Incursion) Zumba	\$80	
Thursday 26 th September		AFL Footy Day	\$65	
Friday 27 th September		Public Day		
Monday 30 th September		Kinetic Sand	\$65	
Tuesday 1 st October		Origami Craft	\$65	
Wednesday 2 nd October		(Incursion) League Tag	\$85	
Thursday 3 rd October		(Excursion) Wild Robot Movie	\$105	
Friday 4 th October		Party Day	\$65	
Total				\$

I give permission for my child to attend Trinity's Winter Vacation Care Program. In case of illness or accident, I authorise the Lead Educator in charge to consent, where it is not possible to communicate with me, of my child to receive medical treatment, as deemed necessary. I understand if an ambulance is required, I am responsible for any costs involved and I give permission for my child to travel in an ambulance.

Please circle

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| I have read the above permission statement | YES / NO |
| I give permission for my child/ren to be photographed by educators | YES / NO |
| I give permission for my child/ren to watch PG movies/DVD | YES / NO |
| I have provided the program with an enrolment form | YES / NO |
| I agree that by signing this I will pay all fees | YES / NO |
| All details on the current enrolment form are correct and up to date | YES / NO |

If NO please provide the correct details:

Does your child/ren suffer from any medical conditions/allergies YES / NO

If YES please ensure we have all relevant copies of medical plans and a Risk Minimisation form has been completed.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Office use only

Booking confirmed All consents have been circled Fees have been paid