



## Booking Form Summer 2025

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

Date	Number of Children	Activity	Fee per day, per child	Total Cost
Monday 7 <sup>th</sup> April		Autumn Day	\$65	
Tuesday 8 <sup>th</sup> April		Cooking Day	\$65	
Wednesday 9 <sup>th</sup> April		Multicultural Day	\$65	
Thursday 10 <sup>th</sup> April		(Incursion) Yoga	\$80	
Friday 11 <sup>th</sup> April		Wheels Day	\$65	
Monday 14 <sup>th</sup> April		Games Day	\$65	
Tuesday 15 <sup>th</sup> April		Recycle Day	\$65	
Wednesday 16 <sup>th</sup> April		Easter Craft Day	\$65	
Thursday 17 <sup>th</sup> April		Party Day	\$65	
Friday 18 <sup>th</sup> April		Good Friday	\$0	
Total				\$

I give permission for my child to attend Trinity's Summer 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**

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:

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