

# Kwinana Recquatic Vacation Care **BOOKING REQUEST FORM**

TO BE COMPLETED IN ADDITION TO ENROLMENT FORM

1. **CHILD Surname:** \_\_\_\_\_ **First names:** \_\_\_\_\_
2. **CHILD Surname:** \_\_\_\_\_ **First names:** \_\_\_\_\_
3. **CHILD Surname:** \_\_\_\_\_ **First names:** \_\_\_\_\_

*I/we are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise Kwinana Recquatic release the children. I have signed the Enrolment Form which contains current information, received a parent handbook and understand the terms and conditions of enrolment.*

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT BOOKING INFORMATION:**

- If your or your children’s personal information changes please advise the centre as soon as possible.
- Bookings can be made at the centre during administration times Monday to Friday 9.00AM—5.00PM
- 48 hours notice is required and full payment to confirm booking.
- No bookings will be accepted on the day of the program.
- Full payment is required to confirm each booking. Bookings do not proceed without full payment.
- 48 hours notice is required and full payment to confirm booking.
- Cancellations require 7 days notice in writing or a medical certificate.

**SCHEDULE OF FEES:**

Fulltime enrolment of children enrolled all days of the week - \$40 per day/per child (No excursion fee)

For all other bookings on selected days - \$40 per day/per child (In centre days)

- \$46 per day/per child (Excursion days)

**PLEASE COMPLETE THE TABLE BELOW AND SELECT THE BOOKINGS REQUIRED:**

	Week 1					Week 2					Week 4					Week 4					Week 5					Week 6					Week 7														
	Commencing					Commencing					Commencing					Commencing					Commencing					Commencing					Commencing														
	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/					
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	E	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F					
Child 1																																													
Child 2																																													
Child 3																																													

**OFFICE USE ONLY**

**ENROLMENT FORM CHECKED AND FULLY COMPLETED YES NO Updated on :** \_\_\_\_\_

**CHILD CARE BENEFIT DEDUCTED ONLY WHEN CENTRE HAS WRITTEN APPROVAL FROM CENTERLINK**

**Child Care Benefit Percentage:** \_\_\_\_\_ % **Number of children enrolled:** \_\_\_\_\_

**Fee per day/per child:** \$ \_\_\_\_\_ **+ Excursion fee:** \$ \_\_\_\_\_ **= Payment per week \$** \_\_\_\_\_

**Amount paid:** \$ \_\_\_\_\_ **being payment for Week/day** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff sign:** \_\_\_\_\_

**Amount paid:** \$ \_\_\_\_\_ **being payment for Week/day** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff sign:** \_\_\_\_\_

**Amount paid:** \$ \_\_\_\_\_ **being payment for Week/day** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff sign:** \_\_\_\_\_

**Amount paid:** \$ \_\_\_\_\_ **being payment for Week/day** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff sign:** \_\_\_\_\_

**Amount paid:** \$ \_\_\_\_\_ **being payment for Week/day** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff sign:** \_\_\_\_\_