



## Booking Forms – December/January Vacation Care

### CHILD 1

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please indicate the days you require:

15/12	18/12 – 19/12			WK01: 08/01 – 12/01					WK02: 15/01 – 19/01					WK03: 22/01 – 25/01				29/01
F	M	T	M	T	W	T	F	M	T	W	T	F	M	T	W	T	M	

Child 1 Medical or Special Considerations: \_\_\_\_\_

Does Child 1 require medication while attending the service: Yes  No

Medication Name: \_\_\_\_\_ Medication Expiry: \_\_\_\_\_

### CHILD 2

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please indicate the days you require:

15/12	18/12 – 19/12			WK01: 08/01 – 12/01					WK02: 15/01 – 19/01					WK03: 22/01 – 25/01				29/01
F	M	T	M	T	W	T	F	M	T	W	T	F	M	T	W	T	M	

Child 2 Medical or Special Considerations: \_\_\_\_\_

Does Child 2 require medication while attending the service: Yes  No

Medication Name: \_\_\_\_\_ Medication Expiry: \_\_\_\_\_

### CHILD 3

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please indicate the days you require:

15/12	18/12 – 19/12			WK01: 08/01 – 12/01					WK02: 15/01 – 19/01					WK03: 22/01 – 25/01				29/01
F	M	T	M	T	W	T	F	M	T	W	T	F	M	T	W	T	M	

Child 3 Medical or Special Considerations: \_\_\_\_\_

Does Child 3 require medication while attending the service: Yes  No

Medication Name: \_\_\_\_\_ Medication Expiry: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent Signature: \_\_\_\_\_