



# YWCA HUNTER REGION Inc.

## Vacation Care Booking Form

ABN No. 72 582 209 745

24 Dawson Street,  
COOKS HILL NSW 2300  
Ph – (02) 4929 2954  
Fax – (02) 4927 1529  
Email – [yncle@bigpond.com](mailto:yncle@bigpond.com)

### CHILD 1

Surname

First name

#### DAYS REQUIRED (please tick)

Monday, 22 <sup>nd</sup> September	<input type="checkbox"/>
Tuesday, 23 <sup>rd</sup> September	<input type="checkbox"/>
Wednesday, 24 <sup>th</sup> September	<input type="checkbox"/>
Thursday, 25 <sup>th</sup> September	<input type="checkbox"/>
Friday, 26 <sup>th</sup> September	<input type="checkbox"/>

Monday, 29 <sup>th</sup> September	<input type="checkbox"/>
Tuesday, 30 <sup>th</sup> September	<input type="checkbox"/>
Wednesday, 1 <sup>st</sup> October	<input type="checkbox"/>
Thursday, 2 <sup>nd</sup> October	<input type="checkbox"/>
Friday, 3 <sup>rd</sup> October	<input type="checkbox"/>

Vacation care is required for  
work-related reasons?

☐ Yes ☐ No

### CHILD 2

Surname

First name

#### DAYS REQUIRED (please tick)

Monday, 22 <sup>nd</sup> September	<input type="checkbox"/>
Tuesday, 23 <sup>rd</sup> September	<input type="checkbox"/>
Wednesday, 24 <sup>th</sup> September	<input type="checkbox"/>
Thursday, 25 <sup>th</sup> September	<input type="checkbox"/>
Friday, 26 <sup>th</sup> September	<input type="checkbox"/>

Monday, 29 <sup>th</sup> September	<input type="checkbox"/>
Tuesday, 30 <sup>th</sup> September	<input type="checkbox"/>
Wednesday, 1 <sup>st</sup> October	<input type="checkbox"/>
Thursday, 2 <sup>nd</sup> October	<input type="checkbox"/>
Friday, 3 <sup>rd</sup> October	<input type="checkbox"/>

Vacation care is required for  
work-related reasons?

☐ Yes ☐ No

**Signed:**

**Date:**

IF YOU ARE ENROLLING MORE THAN TWO CHILDREN  
PLEASE COMPLETE OVERLEAF

### **IMPORTANT BOOKING & ACCOUNT INFORMATION**

Changes to bookings are permitted only by selecting a replacement day **prior to the day of care**. All other cancellations and non-attendance will be deemed as 'absent' and fees will apply for that day.

For families who provide CRN details on their child/ren's enrolment form to claim Childcare Benefit and/or Rebate invoices for vacation care (including applicable excursion fees) will be prepared within 7 days of conclusion of the vacation care session and will be deemed as "first and final".

Full payment of these accounts will be required within 14 days of the date of invoice issue.

Families not claiming Childcare Benefit or Rebate will be invoiced prior to the end of the vacation care session with these invoices also being due within 14 days of the invoice issue date.

Accounts that have not been finalised by the required due date will incur an automatic \$20 administration fee.



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### CHILD 3

Surname

First name

#### DAYS REQUIRED (please tick)

Monday, 22 <sup>nd</sup> September	<input type="checkbox"/>
Tuesday, 23 <sup>rd</sup> September	<input type="checkbox"/>
Wednesday, 24 <sup>th</sup> September	<input type="checkbox"/>
Thursday, 25 <sup>th</sup> September	<input type="checkbox"/>
Friday, 26 <sup>th</sup> September	<input type="checkbox"/>

Monday, 29 <sup>th</sup> September	<input type="checkbox"/>
Tuesday, 30 <sup>th</sup> September	<input type="checkbox"/>
Wednesday, 1 <sup>st</sup> October	<input type="checkbox"/>
Thursday, 2 <sup>nd</sup> October	<input type="checkbox"/>
Friday, 3 <sup>rd</sup> October	<input type="checkbox"/>

Vacation care is required for  
work-related reasons?

☐ Yes ☐ No

### CHILD 4

Surname

First name

#### DAYS REQUIRED (please tick)

Monday, 22 <sup>nd</sup> September	<input type="checkbox"/>
Tuesday, 23 <sup>rd</sup> September	<input type="checkbox"/>
Wednesday, 24 <sup>th</sup> September	<input type="checkbox"/>
Thursday, 25 <sup>th</sup> September	<input type="checkbox"/>
Friday, 26 <sup>th</sup> September	<input type="checkbox"/>

Monday, 29 <sup>th</sup> September	<input type="checkbox"/>
Tuesday, 30 <sup>th</sup> September	<input type="checkbox"/>
Wednesday, 1 <sup>st</sup> October	<input type="checkbox"/>
Thursday, 2 <sup>nd</sup> October	<input type="checkbox"/>
Friday, 3 <sup>rd</sup> October	<input type="checkbox"/>

Vacation care is required for  
work-related reasons?

☐ Yes ☐ No

**Signed:**

**Date:**

### **IMPORTANT BOOKING & ACCOUNT INFORMATION**

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