



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

CHILD 1

Surname

First name

DAYS REQUIRED (please tick)

Monday, 5 th January	
Tuesday, 6 th January	
Wednesday, 7 th January	
Thursday, 8 th January	
Friday, 9 th January	

Monday, 12 th January	
Tuesday, 13 th January	
Wednesday, 14 th January	
Thursday, 15 th January	
Friday, 16 th January	

Monday, 19 th January	
Tuesday, 20 th January	
Wednesday, 21 st January	
Thursday, 22 nd January	
Friday, 23 rd January	

Vacation care is required for
work-related reasons?

☐ Yes ☐ No

CHILD 2

Surname

First name

DAYS REQUIRED (please tick)

Monday, 5 th January	
Tuesday, 6 th January	
Wednesday, 7 th January	
Thursday, 8 th January	
Friday, 9 th January	

Monday, 12 th January	
Tuesday, 13 th January	
Wednesday, 14 th January	
Thursday, 15 th January	
Friday, 16 th January	

Monday, 19 th January	
Tuesday, 20 th January	
Wednesday, 21 st January	
Thursday, 22 nd January	
Friday, 23 rd January	

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** if vacancies are available. **Cancellations are not accepted.** All non-attendance will be deemed as 'absent' and fees will apply.

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 late payment fee.



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CHILD 3

Surname

First name

DAYS REQUIRED (please tick)

Monday, 5 th January	
Tuesday, 6 th January	
Wednesday, 7 th January	
Thursday, 8 th January	
Friday, 9 th January	

Monday, 12 th January	
Tuesday, 13 th January	
Wednesday, 14 th January	
Thursday, 15 th January	
Friday, 16 th January	

Monday, 19 th January	
Tuesday, 20 th January	
Wednesday, 21 st January	
Thursday, 22 nd January	
Friday, 23 rd January	

Vacation care is required for work-related reasons? ☐ Yes ☐ No

CHILD 4

Surname

First name

DAYS REQUIRED (please tick)

Monday, 5 th January	
Tuesday, 6 th January	
Wednesday, 7 th January	
Thursday, 8 th January	
Friday, 9 th January	

Monday, 12 th January	
Tuesday, 13 th January	
Wednesday, 14 th January	
Thursday, 15 th January	
Friday, 16 th January	

Monday, 19 th January	
Tuesday, 20 th January	
Wednesday, 21 st January	
Thursday, 22 nd January	
Friday, 23 rd January	

Vacation care is required for work-related reasons? ☐ Yes ☐ No

Signed:

Date:

IMPORTANT BOOKING & ACCOUNT INFORMATION

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