

BOOKING REQUEST FOR 2022 Autumn PROGRAM

Participant's name(s): _____

Parent's name: _____

Parent's daytime contact: _____

Parent's email address: _____

Date & Activity	Children Total	Daily Rate	Total \$	Parent/ Carer Signature For Authorisation to attend for child to Attend Excursions/Incursions
Monday 11 th April 2022 Puppetry workshop in centre		\$75		
Tuesday 12 th April 2022 Billycarts and Rockets masterclass		\$75		
Wednesday 13 th April 2022 Magician workshop in centre		\$75		
Thursday 14 th April 2022 Ju-Jitsu Excursion to Ryde		\$80		
EASTER BREAK				
Tuesday 19 th April 2022 Archie Brothers Excursion to Alexandria		\$80		
Wednesday 20 th April 2022 Candle making in centre		\$75		
Thursday 21 st April 2022 Tye-Dye pillowcases in centre		\$75		
Friday 22 nd April 2022 DIY Cute Grass heads and pot decorating		\$75		
Monday 25 th April 2022 ANZAC DAY PUBLIC HOLIDAY				CENTRE CLOSED
Tuesday 26 th April 2022 Pupil Free Day Nicholson St Technology Day		\$70		
Annual Membership if you have not paid for 2022 per child \$5				
TOTAL			\$	

ALL CHILDREN ARE REQUIRED TO WEAR A RED CENTRE HAT FOR EXCURSIONS. This ensures sun safety and visibility of children to the staff. All hats are retained by the centre for children for future excursions. All hats that are worn are washed daily to ensure health and safety hygiene

Payment in full is a required to make a confirmed booking.

If you are claiming Child Care Subsidy, please wait for your statement on confirmation before payment

Please use our preferred method of payment below.

I have paid by Direct Deposit to Account: Balmain East Out of School Care
Commonwealth Bank BSB 062110 Account 00903605 (please attach a copy of receipt)

I give permission for my child/ren to attend all excursions and partake in all activities that are offered on the days that are attended by my child/ren. I understand that this may require travel on bus, ferry or on foot. I understand and accept that sporting equipment may be used.

X _____ / ____ / 2022

I understand that my child will be transported to hospital by ambulance and / or medical advice will be sought by a doctor at the program coordinator's discretion.

X _____ / ____ / 2022

I give permission for my child to be photographed / videoed while participating in the program. I understand that pictures may be used to promote the service in the future.

X _____ / ____ / 2022

I give permission for my child to view PG movies at the staff's discretion

X _____ / ____ / 2022

I give permission for BESC to supply sunscreen and supervise its application

X _____ / ____ / 2021/2022