

berwick ps holiday program enrolment form

| SURNAME OF CHILD | FIRST NAME OF CHILD | AGE | GENDER | DATE OF BIRTH |
|------------------|---------------------|-----|--------|---------------|
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excursion authorisation

I give permission for my child to attend the following excursions and to be transported by bus, equipped with seatbelts, between the excursion venue and Berwick Primary School OSHC Centre

Signed: _____

Date: _____

Parent / Guardian Name:
[please print] _____

| DATE | EXCURSION DESTINATION | COST |
|------|-----------------------|------|
| | | |
| | | |
| | | |

| week 1 | CHILD/RENS' NAME/S | MON 21/9/09 | TUE 22/9/09 | WED 23/9/09 | THUR 24/9/09 | FRI 25/9/09 |
|--------|--------------------|-------------|-------------|-------------|--------------|-------------|
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| week 2 | CHILD/RENS' NAME/S | MON 28/7/09 | TUE 29/9/09 | WED 30/9/09 | THUR 1/10/09 | FRI 2/10/09 |
|--------|--------------------|-------------|-------------|-------------|--------------|-------------|
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** If any of your information has changed since completing your child's enrolment form, please inform the Centre. Please advise an OSHC staff member on the day you are attending the program if you have any special requirement or other relevant information relating to your child.

Please ensure you have advised Centrelink that you will be using Berwick Primary School Holiday Program and attach a copy of your families' current Centrelink letter (if not already done so). Our Service Provider Number for the holiday program is 555 011 778C.

credit card details (optional)

| | |
|---|------------------------|
| CARDHOLDER'S NAME | CARDHOLDER'S SIGNATURE |
| Note: Payment of \$5 per child per day is required on booking. PAYMENT AMOUNT \$ _____ | |
| CREDIT CARD NUMBER _____ - _____ - _____ - _____ | EXPIRY DATE / / |



office use only

Received / / at _____ am/pm

Processed by _____