

Please complete this form and return to Helping Hands St Brigid's

Please indicate which days you would like to make a booking, and for how many children.

(These fees are full fees prior to any eligible benefits and are the maximum out of pocket expense)



Mon 9/1/17	Tues 10/1/17	Wed 11/1/17	Thur 12/1/17	Fri 13/1/17	Mon 16/1/17	Tues 17/1/17	Wed 18/1/17	Thur 19/1/17	Fri 20/1/17
<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$91.00	<input type="checkbox"/> \$91.00	<input type="checkbox"/> \$76.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$91.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$76.00	<input type="checkbox"/> \$91.00	<input type="checkbox"/> \$60.00
No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
VAC	VCE3	VCE3	VCl2	VAC	VCE3	VAC	VCl2	VCE3	VAC

Mon 23/1/17	Tues 24/1/17	Wed 25/1/17	Thur 26/1/17	Fri 27/1/17	Mon 30/1/17	Tues 31/1/17
<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$91.00	<input type="checkbox"/> \$60.00	X	<input type="checkbox"/> \$79.00	<input type="checkbox"/> \$76.00	<input type="checkbox"/> \$60.00
No.	No.	No.		No.	No.	No.
VAC	VCE3	VAC		VCE1	VCl2	VAC

Please see overleaf to complete your family details, contact details and signature.

Ph: 0484 302 073 St Brigid's Primary School 20 Toodyay Road, Middle Swan WA 6056

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I _____ wish to book my child/ren into the specified Vacation Care Days at Helping Hands St Brigid's.

Child/ren's Name/s: _____

I understand that I will need to enrol my child/ren on to the Vacation Care Program in advance as some activities are subject to availability.

I understand that I need to complete a permission slip prior to attending any excursion. I understand that payment must be made in full prior to my child/ren attending Vacation Care, and I have completed an enrolment form and ezi debit form.

Signature: _____ Contact Phone Number: _____