



Autumn 2019

Bacchus Marsh Grammar: Woodlea Campus Holiday Program Booking Form



Booking Details

Account Name: _____

Phone: _____ Email: _____

Bacchus Marsh Grammar: Woodlea Campus

Address: 111 Frontier Avenue, Aintree, Vic 3336
Cost: \$90.00 per day

Contact: 0490 490 362 (Woodlea)
Time: 7.00am-6.30pm

Child/ren's Full Names	WEEK 1					WEEK 2				
	Mon 8 th April	Tues 9 th April	Wed 10 th April	Thurs 11 th April	Fri 12 th April	Mon 15 th April	Tues 16 th April	Wed 17 th April	Thurs 18 th April	Fri 19 th April
										Public Holiday

Please note

By signing below, you indicate that you agree to and or have actioned the statements listed below:

- I give permission for my child/ren to attend YMCA School Holiday Program, including excursions, and will not hold the YMCA, its staff or volunteers responsible for damages and/or loss of property and/or accident.
- I have updated the YMCA Ballarat with any changes to my enrolment details.
- I understand the ratios for staff to children are as follows:
 - In Venue : 1 Staff member to 15 Children
 - Exclusive Excursion : 1 staff member to 12 children
 - Public Excursion : 1 staff member to 8 children
 - Water Excursion: 1 staff member to 5 children
- I understand that the transport or times listed on the program may be altered and that I will be notified of these changes as soon as possible.
- I understand that as part of my enrolment at this service it is required that I confirm acceptance to the following items in order for this service to receive government funding on my behalf. Acceptance of these items as well as some of the other information in the enrolment form can be used as a complying written arrangement for child care subsidy purposes.
- My details in this booking form and enrolment form are correct.
- I have agreed to days of care within the service(s) and understand the start and end times of these sessions of care.
- That care may be provided on a casual or flexible basis where available at my service(s) at my request.
- I understand I am liable to pay fees for the care of my child as indicated in this booking form, and, if applicable, in other information the service has given me (such as a fee schedule or family handbook) which are subject to change over time based on advice from the provider and acceptance by me.

I _____ (Parent/Guardian) sign to acknowledge and accept the above statements.

Signed: _____

Date: _____

Received Via:	Date Received:	Booking/Payment Completed By:	Date Processed: