

# VACATION CARE

## ~ BOOKING FORM ~

Or complete this form online via the link or QR code:

<https://form.jotform.com/233097916831059>



Please enter each child's FIRST NAME under the day/s you would like to book them in.

-incursion- MONDAY Apr 15 <sup>th</sup>	-excursion- TUESDAY Apr 16 <sup>th</sup>	-excursion- WEDNESDAY Apr 17 <sup>th</sup>	-excursion- THURSDAY Apr 18 <sup>th</sup>	-incursion- FRIDAY Apr 19 <sup>th</sup>

## Norwood Out of School Hours Care



37 Osmond Terrace, Norwood, SA, 5067

Website: [norwoodoshc.com.au](http://norwoodoshc.com.au)

Margie: 0418 891 704 Lowana: 0455 074 739

Email: [margie@norwoodoshc.org.au](mailto:margie@norwoodoshc.org.au)

Leave blank. Office use only.

Date entered: /

Date paid: /

Entered by:

### FAMILY NAME:

- incursion- MONDAY Apr 22 <sup>nd</sup>	- incursion- TUESDAY Apr 23 <sup>rd</sup>	- excursion- WEDNESDAY Apr 24 <sup>th</sup>	-CLOSED- THURSDAY Apr 25 <sup>th</sup>	- excursion- FRIDAY Apr 26 <sup>th</sup>

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~ **PAYMENT INFORMATION** ~

~ **CONSENTS AND AGREEMENTS** ~

I have seen the planned program and read the 'Important Information' document. I consent to my children participating in the planned activities.

I understand I must provide a hat, adequate food which does not require heating/cooking and does not contain nuts, a re-fillable water bottle, sun smart clothing and any specific activity requirements.

I consent to Norwood Out of School Hours Care Inc. using the credit card details previously provided to process payment for the selected day/s or if not I have provided card details on this form.

I accept that upon submission of this form no refunds or booking substitutions will be possible. This includes for absences and cancelations. I understand that I will receive a receipted invoice after attendance.

I understand that bookings will not be created if: my child is not currently enrolled in Norwood OSHC, I have not provided a Consents and Agreements form for 2024 or, payment cannot be processed (\$5 declined card fee will be applied in this case)

I accept the policies of the service which available upon request or please see our website. <https://www.norwoodoshc.com.au/Policies.html#content5-1q>

Print Name:	
Signature:	Date: / /

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## Payment Authorisation

Name on card:

Card details:

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Expiry Date:

MasterCard  Visa

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Please contact the service if you require confirmation of the total fee prior to processing.

\$ : Date: _____ For Office use	\$ : Date: _____ For Office use	\$ : Date: _____ For Office use
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