

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 Sept 30 th	-incursion- TUESDAY Oct 1 st	-excursion- WEDNESDAY Oct 2 nd	-excursion- THURSDAY Oct 3 rd	- excursion- FRIDAY Oct 4 th

Norwood Out of School Hours Care



37 Osmond Terrace, Norwood, SA, 5067

Website: norwoodoshc.com.au

Margie: 0418 891 704 Lowana: 0455 074 739

Email: margie@norwoodoshc.org.au

Leave blank. Office use only.

Date entered: /

Date paid: /

Entered by:

FAMILY NAME:

- CLOSED- MONDAY Oct 7 th	-incursion- TUESDAY Oct 8 th	- excursion- WEDNESDAY Oct 9 th	- excursion- THURSDAY Oct 10 th	- excursion- FRIDAY Oct 11 th
X				

VACATION CARE

~ 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:

/ /

Norwood Out of School Hours Care



37 Osmond Terrace, Norwood, SA, 5067

Website: norwoodoshc.com.au

Margie: 0418 891 704 Lowana: 0455 074 739

Email: margie@norwoodoshc.org.au

Payment Authorisation

Name on card:

Card details:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date:

MasterCard Visa

		/		
--	--	---	--	--

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