

# VACATION CARE

## ~ BOOKING FORM ~

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

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



### 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)

FAMILY NAME:

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

-incursion- MONDAY Dec 16 <sup>th</sup>	-excursion- TUESDAY Dec 17 <sup>th</sup>	-excursion- WEDNESDAY Dec 18 <sup>th</sup>	-excursion- THURSDAY Dec 19 <sup>th</sup>	-incursion- FRIDAY Dec 20 <sup>th</sup>

CLOSED MONDAY Jan 6 <sup>th</sup>	CLOSED TUESDAY Jan 7 <sup>th</sup>	-incursion- WEDNESDAY Jan 8 <sup>th</sup>	-excursion- THURSDAY Jan 9 <sup>th</sup>	-incursion- FRIDAY Jan 10 <sup>th</sup>

-incursion- MONDAY Jan 13 <sup>th</sup>	-excursion- TUESDAY Jan 14 <sup>th</sup>	-excursion- WEDNESDAY Jan 15 <sup>th</sup>	-excursion- THURSDAY Jan 16 <sup>th</sup>	-incursion- FRIDAY Jan 17 <sup>th</sup>

-incursion- MONDAY Jan 20 <sup>th</sup>	-excursion- TUESDAY Jan 21 <sup>st</sup>	-incursion- WEDNESDAY Jan 22 <sup>nd</sup>	-excursion- THURSDAY Jan 23 <sup>rd</sup>	-excursion- FRIDAY Jan 24 <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 wide-brim 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 cancellations. 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 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

 / 


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

<div style="border: 2px solid black; padding: 5px; text-align: center;">\$ :</div> <p>Date: _____</p> <div style="text-align: center; border: 1px solid black; padding: 2px;">For Office use</div>	<div style="border: 2px solid black; padding: 5px; text-align: center;">\$ :</div> <p>Date: _____</p> <div style="text-align: center; border: 1px solid black; padding: 2px;">For Office use</div>	<div style="border: 2px solid black; padding: 5px; text-align: center;">\$ :</div> <p>Date: _____</p> <div style="text-align: center; border: 1px solid black; padding: 2px;">For Office use</div>
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