



ALL 4 KIDS OUTSIDE SCHOOL HOURS CARE

26 VIVALDI PLACE
 MACKENZIE QLD 4156
 Mob. 0412 980 218
 Email: all4kidsoshc@gmail.com

VACATION CARE BOOKING FORM
DECEMBER HOLIDAYS 2020

PARENT'S NAME: -----

ADDRESS: -----

HOME PHONE: ----- MOBILE No: -----

WORK / EMERGENCY CONTACT No -----

MEDICARE NUMBER: -----

TICK REASON FOR CARE: Working, studying or seeking employment _____
 Personal, continuing disability or child with disability _____
 Single parent at home _____
 One or more children at home under the age of five _____
 Other (please specify) _____

PLEASE TICK DAYS ATTENDING

WEEK I

CHILD'S FIRST NAME	CHILD'S SURNAME	N/A	N/A	N/A	TH 10/12/20	FR 11/12/20

WEEK II

CHILD'S FIRST NAME	CHILD'S SURNAME	(\$20.00)	(\$5.00)	(\$15.00)	(\$5.00)	
CHILD'S FIRST NAME	CHILD'S SURNAME	MO 14/12/20	TU 15/12/20	WE 16/12/20	TH 17/12/20	FRI 18/12/20