

Please complete this form and return to Helping Hands Worongary

Please indicate which days you would like to make a booking, and for how many children.

(These fees are full fees prior to any eligible benefits and are the maximum out of pocket expense)



Mon 12/12/16	Tues 13/12/16	Wed 14/12/16	Thur 15/12/16	Fri 16/12/16	Mon 19/12/16	Tues 20/12/16	Wed 21/12/16	Thur 22/12/16	Fri 23/12/16
☐ \$44.00	☐ \$75.00	☐ \$44.00	☐ \$44.00	☐ \$44.00	☐ \$44.00	☐ \$44.00	☐ \$44.00	☐ \$60.00	☐ \$44.00
No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
VAC	VCE3	VAC	VAC	VAC	VAC	VAC	VAC	VCI2	VAC

Mon 9/1/17	Tues 10/1/17	Wed 11/1/17	Thur 12/1/17	Fri 13/1/17	Mon 16/1/17	Tues 17/1/17	Wed 18/1/17	Thur 19/1/17	Fri 20/1/17
☐ \$44.00	☐ \$44.00	☐ \$68.00	☐ \$44.00	☐ \$64.00	☐ \$44.00	☐ \$63.00	☐ \$44.00	☐ \$60.00	☐ \$44.00
No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
VAC	VAC	VCE2	VAC	VCI3	VAC	VCE1	VAC	VCI2	VAC

Please see overleaf to complete your family details, contact details and signature.

Ph: 0459 156 955 Worongary State School Delta Cove Drive, Worongary QLD 4213

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I _____ wish to book my child/ren into the specified Vacation Care Days at Helping Hands Worongary.

Child/ren's Name/s: _____

I understand that I will need to enrol my child/ren on to the Vacation Care Program in advance as some activities are subject to availability.

I understand that I need to complete a permission slip prior to attending any excursion. I understand that payment must be made in full prior to my child/ren attending Vacation Care, and I have completed an enrolment form and ezi debit form.

Signature: _____ Contact Phone Number: _____

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