

Holiday Program Daily Booking Sheet

Please place your child's initials in the days that you require them to attend the holiday program. If you do require Pre or After Care please put times in the box that corresponds to the required day (note pre and after care costs are additional).

Week One

Date	Holiday Program	Pre or After Care	Daily Total	Staff User Code
Mon				
Tue				
Wed				
Thur				
Fri				
Weekly Total				

Week Two

Date	Holiday Program	Pre or After Care	Daily Total	Staff User Code
Mon				
Tue				
Wed				
Thur				
Fri				
Weekly Total				

Week Three

Date	Holiday Program	Pre or After Care	Daily Total	Staff User Code
Mon				
Tue				
Wed				
Thur				
Fri				
Weekly Total				

Please note all persons (Including yourself) who have permission to collect your child or if your child is able to make their own way home after the program please make a note of this here.

Please provide both name & contact phone number

Name	Phone

A copy of our Terms & Conditions is available upon request.

Please note: Refunds will not be given for any program.

I / We give permission for my / our child (named over) to participate in the children's programs at this CLM Recreation Centre
I give permission for my child to be taken to and from the Centre, in order to take part in activities organised by the staff of the Centre.

Should emergency care be need for my child I / we give permission for the supervisor to seek medical treatment at my / our cost.

While all care is taken by the Staff and Management, I / We

Acknowledge however, in signing this form, that neither staff nor management of the program will be liable for any loss or damage arising out of attendance at the program

Name
Signed

Phone
Date