

**Parent/Guardian** *Person who is the CRN holder and eligible for childcare subsidy.*

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email: \_\_\_\_\_

**CHILD 1** Name: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

**CHILD 2** Name: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

**CHILD 3** Name: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

**CHILD 4** Name: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_ CRN: \_\_\_\_\_

**\* If your child suffers from a Diagnosed Medical Condition, there is a new policy in place to help protect your child. Please tick below to indicate a Risk Minimisation Plan is required**

<b>WEEK 1</b>	<b>Monday</b> 21 September	<b>Tuesday</b> 22 September	<b>Wednesday</b> 23 September	<b>Thursday</b> 24 September	<b>Friday</b> 25 September
<i>Child 1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 3</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCS	\$70 per child	\$70 per child	\$70 per child	\$70 per child	\$70 per child
<b>WEEK 2</b>	<b>Monday</b> 28 September	<b>Tuesday</b> 29 September	<b>Wednesday</b> 30 September	<b>Thursday</b> 1 October	<b>Friday</b> 2 October
<i>Child 1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 3</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Child 4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCS	\$70 per child	\$70 per child	\$70 per child +\$15 Special	\$70 per child	\$70 per child

**Fees** must be paid in full **the week after** the school holiday period. Statements will be sent to your nominated e-mail address. For B-Pay accounts, non-payment of your bill within 7 days will be considered overdue and a reminder will be sent. Non-payment by 14 days will incur a \$36 late fee and the account will be referred to a debt collector agency and no further bookings will be able to be made.

Credit card or direct debit payments will be processed on the **Wednesday after** the above table of dates.

### Payment by Credit Card

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_ \_\_\_\_ CCV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

## Permission to participate in activities and swimming ability

I \_\_\_\_\_, give permission for my child/ren \_\_\_\_\_  
 \_\_\_\_\_ to participate in the below areas/activities at the Y Camp Warrawee during the School Holiday Adventure Day Camp Program: Swimming pool and natural water areas. Various adventure activities including, but not limited to, ropes courses, giant swing, rock climbing, flying fox, archery and canoeing. Forested and natural areas on site. Excursion to Camp Bundalong, Camp North Pine or Old Petrie Town whereby crossing a road but remaining on the Y property.

SWIMMING POOL / RIVER	NON-SWIMMER	NOVICE	INTERMEDIATE	ADVANCED
CHILD 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER INFORMATION:				

Signing this form confirms your booking request and gives permissions for your children to participate in our program.

All days will be charged as per this form unless any cancelations are made by close of business of the **Monday the week prior** to the booking.

### **COVID-19 information**

Please do not attend the Y Camp Warrawee, Adventure Day Camp Program if any of the following apply:

- You are experiencing flu-like symptoms (fever, a cough, sore throat, fatigue and/or shortness of breath)
- You have travelled overseas/interstate in the past 14 days where you might have come into contact with someone with the virus, or
- You have been in close contact with someone who appeared ill, or someone who has/is suspected of having coronavirus COVID-19

**Enrolment Form for 2020 provided**

Risk Minimisation Plan is required if your child suffers from a Diagnosed Medical Condition

Up to date Action Plan and Risk Minimisation Strategy provided

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this booking form to: [camp.warrawee@ymcabrisbane.org](mailto:camp.warrawee@ymcabrisbane.org)