Child's Full Name: _____

Child's Date of Birth: _ _ - _ _ - _ _ _ _

21st September to 2nd October
Epping Views Primary School Holiday Program Booking Form

BOOKING DETAILS - ONE CHILD PER BOOKING FORM

1) **Have you completed the 2026 Registration Form online?**
   If you do not have an Enrolment form you cannot attend the program.
2) **Complete ALL the questions below and sign the Parent Declaration (on reverse).**
3) **Submit this booking form by Friday 11/9/2026. Applications close on this date all changes or cancellations need to be made by this date.**
4) **All payments need to be submitted by Thursday 17/9/2026**

All Payments need to be submitted before your child/children attend.

Guardian 1. Name: ……
(Same person as registered for Childcare Benefit)
Contact Phone Numbers: (H) …… (M) ……..

Does your child have any additional needs? ❑ No ❑ Yes (If Yes see Coordinator)
Has your child attended the Epping Views PS Holiday Program before? ❑ No ❑ Yes

Please answer the following if applicable:

Court orders supplied are current and complete	❑ No	❑ Yes	❑ N/A
Asthma action plans supplied are current and completed	❑ No	❑ Yes	❑ N/A
Anaphylaxis action plans are current and completed	❑ No	❑ Yes	❑ N/A

All incursions and Excursions are compulsory, if your child attends on a day that has an incursion /excursion.
This is an additional amount and is not CCS funded.

ALL PAYMENTS: Payments are to be made by 17/9/2026 - Via Qkr App. Download the Qkr App to your phone, select Epping Views Primary School, select School Payments Vacation Care and make payment. If you need any assistance, please call the OSHC office on 0439 096 857.

PLEASE NOTE: You need to tick or highlight all days your child is attending.

Week 1	**Monday 21st Sept**	**Tuesday 22nd Sept**	**Wednesday 23rd Sept**	**Thursday 24th Sept**	**Friday 25th Sept**
	Plaster Moulds and Painting	**Incursion - $28.00 Silent Escape Zone**	**Incursion - $20.00 Day of Fun Jumping Castle and more**	**Old School Board Games & Lunch - $10.00**	**CLOSED**
Week 2	**Monday 28th Sept**	**Tuesday 29th Sept**	**Wednesday 30th Sept**	**Thursday 1st Oct**	**Friday 2nd Oct**
	Incursion-$28.00 Tim Credible Magic show	**Create Sand Sculptures & Lunch-$10.00**	**Lego Masters**	**Wheels Day & Lunch - $10.00**	**Art Attack & Games day**

PARENT/GUARDIAN DECLARATION

Please Complete and Sign

1, _____ ← insert Parent/Guardian Name in **BLOCK CAPITALS**

Being a person of parental responsibility of the afore-mentioned child,

- Agree to abide by the condition of the Epping Views PS Holiday Program.
- Approve of my child's attendance at Epping Views PS Holiday Program.
- Agree to pay for all the days my child is successfully enrolled, regardless of whether my child actually attends the days booked, unless cancellation is made prior to the stipulated date on the corresponding booking form.
- Understand applications are processed in date order received and the Priority of Access Guidelines. The Epping Views Primary School must receive this Registration form and the Booking form by the stipulated date on the corresponding booking form to be considered under these terms.
- Understand that all fees will be paid prior to the program beginning, and any outstanding after the program ends as the quote you receive is only an estimated quote for fee payment.
- Understand that Management has the right to refuse any family commencing the program if their account is outstanding unless prior arrangements are made.
- **Am aware that there will be NO refunds of fees.**
- Agree that I will inform the School Holiday Program Team of any absence of my child.
- Acknowledge that my child will not attend the program if suffering from an infectious or contagious disease.
- Am aware that absent days will contribute towards my 42 'Allowable Absences' per year for Childcare Subsidy purposes.
- Authorise the Children's Service, to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service in the event of any accident, illness, injury or trauma, and agree to meet any associated expenses.
- Understand that this program will involve incursions, excursion, and in-centre activity days and hereby authorise my child to take part in them, as outlined on the corresponding activities brochure.
- Understand excursions or Incursions may be cancelled or altered due to circumstances beyond our control. All fees will remain.
- Understand that my child will be transported to and from excursion destinations; and this may be subject to change.
- Understand that I must give notice to staff if my child is to leave the centre, at any time of the day, and accept that once they leave the program, staff members are no longer responsible for my children.
- Will provide, if applicable, the relevant and completed anaphylaxis, asthma or epilepsy 'Action Plan' for my child.
- Authorise the service to display the relevant Action Plan.
- Agree that the information provided on this form is true and correct and undertake to inform the children's service in the event of any change to this information.

Parent 1 Signature: ……... Dated: ……/……/……
(Same person as registered for Childcare Benefit)

For any further information, please contact Epping Views Primary School Vacation Care Co-ordinator on 8401 3791 or 0439 096 857

INCOMPLETE FORMS WILL NOT BE PROCESSED, FAXED, SCANNED OR TEXT (SMS) FORMS WILL NOT BE ACCEPTED.

Privacy Statement

The Holiday Program uses the registration form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You will be able to amend or correct information via your online Enrolment then you must resubmit.