



Application No. \_\_\_\_\_

## KINDY LDC VACATION CARE BOOKING SHEET – April 2017

### STEP 1: Child (ren) requiring Vacation Care.

Child(ren)		
Contact phone number(s) during Kindy Vacation Care: _____ / _____		
Email Address: _____		

**Please circle which dates you require for the above child (ren)**

<b>Monday</b> 3 <sup>rd</sup> April	<b>Tuesday</b> 4 <sup>th</sup> April	<b>Wednesday</b> 5 <sup>th</sup> April	<b>Thursday</b> 6 <sup>th</sup> April	<b>Friday</b> 7 <sup>th</sup> April
<b>Monday</b> 10 <sup>th</sup> April	<b>Tuesday</b> 11 <sup>th</sup> April	<b>Wednesday</b> 12 <sup>th</sup> April	<b>Thursday</b> 13 <sup>th</sup> April	<b>Friday</b> 14 <sup>th</sup> April <b>PUBLIC HOLIDAY</b> <b>GOOD FRIDAY</b>

### **STEP 2: Please read the following Policies very carefully.**

1. Only children who have completed the **Wonderland Before/After Kindergarten Registration Form** can use this facility.  
  
If you are using this facility for the first time, please ensure you have completed and returned the **Wonderland Before/After Kindergarten Registration Form** which can be accessed via the Sheldon College website. [www.sheldoncollege.com](http://www.sheldoncollege.com)
2. A signed booking sheet submitted to the Finance Office is the only way of requesting Kindy Vacation Care. Email – fees@sheldoncollege.com
3. All bookings must be accompanied by a deposit of \$10 per child per day and bookings will be allocated on a strictly 'first come, first served' basis. Your deposit will be credited to your fee account and is **NON-REFUNDABLE** if you cancel the booking. If we find that we are unable to accommodate your request, your deposit will be returned in full. You will receive a booking confirmation sheet so if you have not received this please check with the Finance Office. Do not assume that your booking has been processed and accepted. Cheque deposits are to be made payable to 'Sheldon College Foundation'.
4. **CANCELLATIONS** - All cancellations require seven days written notice otherwise the daily fee will apply. The booking deposit is **NON-REFUNDABLE**. The only exception to this is illness or emergency. In the case of illness we will need this to be verified by a medical certificate. In the case of an emergency please send a written explanation.
5. Kindy LDC Vacation Care times are from 6.30am – 6.00pm. No Half Days. **Please note children will be cared for in Wonderland.**
6. Kindy LDC Vacation Care costs \$91.00 per day before any CCB rates or CCR, if applicable.
7. A Late Fee of \$1.00 per minute per child will be charged for any children collected after 6.00pm.
8. **Bookings close Friday 17 March 2017.**

***I have read and understand the above Kindy Vacation Care policies***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Card Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																	<b>CREDIT CARD DETAILS</b>
<b>Expires</b>	/	MasterCard	Visa	Amount \$														

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**Return form and deposit to FINANCE OFFICE ONLY**