



# SCHOOL-AGE CHILDREN CHRISTMAS VACATION CARE BOOKING FORM

Educator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child/ren's Name/s: \_\_\_\_\_

Is Vacation Care required?  Yes  No

If yes, please complete the vacation care hours below:

## VACATION CARE BOOKING HOURS

### Week 1

Beginning Date: \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start am/pm							
Finish am/pm							

### Week 2

Beginning Date: \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start am/pm							
Finish am/pm							

### Week 3

Beginning Date: \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start am/pm							
Finish am/pm							



**Week 4**

**Beginning Date:** \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start am/pm							
Finish am/pm							

**Week 5**

**Beginning Date:** \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start am/pm							
Finish am/pm							

**Week 6**

**Beginning Date:** \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start am/pm							
Finish am/pm							

**Week 7**

**Beginning Date:** \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start am/pm							
Finish am/pm							



**Week 8**

**Beginning Date:** \_\_\_\_\_

<b>TIME</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
Start am/pm							
Finish am/pm							

I \_\_\_\_\_ (parent/guardian full name) agree  
that these are the hours I require for care for my child/ren:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_