



# SCHOOL-AGE CHILDREN 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							

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

\_\_\_\_\_

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