



# September PERFORM! Vacation Care Program

7.00am - 6.00pm

Education City Drive, Education City, Springfield Central, Level 1, Retail Building

Person Responsible for Account Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Relationship to Child/ren: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Emergency Contact Name 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Number: \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Number: \_\_\_\_\_

Child/rens Name/s:

1: \_\_\_\_\_ Gender: \_\_\_\_\_ CRN: \_\_\_\_\_

Name Child is known by \_\_\_\_\_ School Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2: \_\_\_\_\_ Gender: \_\_\_\_\_ CRN: \_\_\_\_\_

Name Child is known by \_\_\_\_\_ School Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3: \_\_\_\_\_ Gender: \_\_\_\_\_ CRN: \_\_\_\_\_

Name Child is known by \_\_\_\_\_ School Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4: \_\_\_\_\_ Gender: \_\_\_\_\_ CRN: \_\_\_\_\_

Name Child is known by \_\_\_\_\_ School Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I wish my child/ren who are school age to attend the following day/s: PLEASE INDICATE, BY MARKING THE APPROPRIATE BOX

|                                | Monday                                |   |   |   | Tuesday                               |   |   |   | Wednesday                         |   |   |   | Thursday                               |   |   |   | Friday                                 |   |   |   |
|--------------------------------|---------------------------------------|---|---|---|---------------------------------------|---|---|---|-----------------------------------|---|---|---|--|---|---|---|--|---|---|---|
| <b>Week 1</b><br>Under the Sea | Sept 18th incl<br>Acrobatics Workshop |   |   |   | Sept 19th Incl<br>Acrobatics Workshop |   |   |   | Sept 20th incl<br>Musical Theatre |   |   |   | Sept 21st Incl<br>Aerial Lyra Workshop |   |   |   | Sept 22nd Incl<br>Aerial Lyra Workshop |   |   |   |
| <b>Circle Child #</b>          | 1                                     | 2 | 3 | 4 | 1                                     | 2 | 3 | 4 | 1                                 | 2 | 3 | 4 | 1                                      | 2 | 3 | 4 | 1                                      | 2 | 3 | 4 |
| Full day                       |                                       |   |   |   |                                       |   |   |   |                                   |   |   |   |  |   |   |   |  |   |   |   |
| <b>Week 2</b><br>Circus Theme  | Sept 25th Incl<br>Acrobatics Workshop |   |   |   | Sept 26th Incl<br>Acrobatics Workshop |   |   |   | Sept 27th Incl<br>Musical Theatre |   |   |   | Sept 28th Incl<br>Aerial Lyra Workshop |   |   |   | Sept 29th Incl<br>Aerial Lyra Workshop |   |   |   |
| <b>Circle Child #</b>          | 1                                     | 2 | 3 | 4 | 1                                     | 2 | 3 | 4 | 1                                 | 2 | 3 | 4 | 1                                      | 2 | 3 | 4 | 1                                      | 2 | 3 | 4 |
| Full day                       |                                       |   |   |   |                                       |   |   |   |                                   |   |   |   |  |   |   |   |  |   |   |   |



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7.00am - 6.00pm

Education City Drive, Education City, Springfield Central, Level 1, Retail Building

FULL DAY: \$55.00 per day including Daily Workshop

**EARLYBIRD STUDIO STUDENT RATE \$46.75 per day including Daily Workshop**

*students who have paid their \$55.00 annual registration save 15% if booked & paid by COB on Day 1 of Vacation Care*

- Wear enclosed shoes & socks for Outside Play
- Wear clothes that are appropriate to Active Play (shorts & leggings are great)
- Bring a Sun-safe Hat for Outside Play
- The Studio of Performing Arts - Springfield & PERFORM! Vacation Care are Nut Free & Banana Free
- Pack your Morning Tea, Lunch, Afternoon Tea and Water
- Mon- Thurs Workshops occur between 9-1pm, Friday Workshops occur 10-2pm, times may vary depending on Workshop Co-ordinator availability, check with Reception for specific days and times
- Bookings are recommended as spaces are limited to a maximum of 45 students per day
- Casual bookings may be made up to the day before attendance and must be paid upon arrival
- Once the School Holiday period has commenced the EARLYBIRD RATE is not available

Student's Name: \_\_\_\_\_

Please tick and sign below;

- I understand students cannot be accepted into PERFORM Vacation Care without payment in full occurring before arrival
  - I have read, understood and completed the PERFORM! Vacation Care Annual Enrolment Form
  - I understand that cancellations for Booked Days must have 48 hours notice or the full fee for that session will be charged
  - I understand Payments can be made by cash, credit card or internet transfer, must use the child's surname as reference
- The Studio of Performing Arts, Bendigo Bank, BSB: 633- 000, Account Number: 1459 35722

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

### Payment of Vacation Care Fees by Credit Card there is a 2% surcharge for Credit Card Payments

Mastercard     Visa    Amount \$ \_\_\_\_\_

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

Card Number:               

Expiry Date :     /

CVC:   

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

**For Office Use :**

Date :

Receipt Number :