



Vacation Care April Program

Family Name

Child 1

Child 2

Child 3

Child 4

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Week 1

Monday 10<sup>th</sup> April  \$50

Tuesday 11<sup>th</sup> April  \$50

Wednesday 13<sup>th</sup> April  \$61

Thursday 14<sup>th</sup> April  \$57

Week 2

Tuesday 10<sup>th</sup> April  \$60

Wednesday 19<sup>th</sup> April  \$50

Thursday 20<sup>th</sup> April  \$57

Friday 21<sup>st</sup> April  \$67

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Emergency Contacts

Contact Name

Contact Number

Contact Name

Contact Number

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**By completing this enrolment form I:**

- Have read the SMOOSH Care Family Handbook and understand and accept all of the terms and conditions
- Will pay the remainder of the **full** cost of the Vacation Care Program by **Friday 21<sup>st</sup> April**
- Give permission for SMOOSH Care staff to take my child on all of the planned off-site excursions

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Signature: