

Booking Details PARTICIP8

Please indicate the days you require.

Childs Name	
Childs Name	
Childs Name	
Childs Name	

	Mon	Tue	Wed	Thur	Fri
Week 1 15/12 – 19/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 22/12 – 26/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Week 3 29/12 – 02/01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Week 4 05/01 – 09/01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5 12/10 – 16/01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6 19/01 – 23/01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment of Account

Bookings due by Friday 21st November

New Parents—Booking Fee \$125 per child or \$250 Family

Existing Parents—Full Payment prior to Vacation Care or Ezi Debit Plan over 6 week holiday period.

All accounts must be paid before attendance. Failure to pay will result in cancelation of care.

Declaration: I understand that Vacation Care fees and if applicable, Before and After School Care fees need to be paid in full by November 28th to ensure care is provided during the holidays. Further, I acknowledge that if I cancel my bookings under 48hours I will be charged full price.

Signed: _____ Date: _____

Office Use Only			
Date Form Accepted	___/___/08	Staff Initial	Accepting Form _____
M'ship Number Checked	Yes/No	Availability Checked	Yes/No
Entered into PC Pro	Yes/No	Account Posted	Yes/No

Payment Options

Option One: Over the counter payment

Option Two: Credit Card Payment via Phone/ Fax

Cardholder Name:						Amount Paid: \$					
Card No:											
Expiry: ___/___/___						Card Type:					
Card Holder Signature:						Date:					
Office Use Only											
Eftpos Accepted				Numero Pro				Staff Initial			

Option Three: Ezi Debit Transfers (Tuesday's fortnightly)

***Ezi Debit is compulsory for all Before and After School Care clients.**

Ezi debit clients save \$1 per day per child on their fees. Please ask at reception should you wish to join this scheme.

Yes I will be paying my account via Ezi Debit. Please debit the total of Christmas Vacation Care:

- In One Payment
- Over Two fortnight's
 - 16th December 08
 - 30th December 08
- Over Three fortnights
 - 16th December 08
 - 30th December 08
 - 13th January 09

- Over 6 fortnights starting 4th November if you book prior to 29th October

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