

YWCA Canberra Charles Conder School Holiday Care Program Booking Form

Monday September 25 to Friday October 6, 2023

Please note, this booking form is for families who have already completed a 2023 YWCA Canberra School Age Care enrolment form. Please contact the Childcare Accounts Team if you have not completed a 2023 School Age Care enrolment form so they can issue the relevant full enrolment form for completion.

Location:			Charles Conder Primary School				
			Beaumaris Street				
			Conder ACT 2906				
Contact:			0451 681 247				
Hours of Operation:		n:	7:30am – 6:00pm Monday to Friday (excluding Public Holidays)				
Availability:			This Service is available for children attending Preschool – Year 6				
Fees and Bookings:			Fee is \$90.00 per day, bookings and payments are required prior to the				
			commencement of School Holiday Care. Fees cover morning and afternoon				
			tea, excursions, and incursions.				
Food:	Please	ase supply lunch and drink bottle each day your child attends. Morning and afternoon					
tea is provided, and water is always available for the children. Please be aware that							
	allergies, the School Holiday Care Program is a Nut Free Zone. Please advise in this form it						
	your cl	hild/ren	has any specific dietary requirements.				
Child Care Accounts Office Hours and Contact Information							
Hours:			9:00am – 5:00pm Monday to Friday (excluding Public Holidays)				
Contact:			02 6185 2040				
Email:			childcareaccounts@ywca-canberra.org.au				
Website:			YWCA Canberra Children's Service (ywca-canberra.org.au)				
Street and Postal YWCA		YWCA	Canberra	YWCA Canberra			
Address: Le		Level 2	/71 Northbourne Avenue	GPO Box 767			
Canbe		Canbei	rra ACT 2601	Canberra ACT 2601			

Please note, we cannot process your School Holiday Care booking until the enrolment form is fully complete and all required documentation provided (e.g., up to date medical actions plans and diagnosis/reports)

Child One						
Given Name/s:						
Surname:						
Date of Birth:						
CRN:						
Has there been any change to the health details or medical diagnosis provided			No			
in the 2023 School Age Care Enrolment Form:						
If yes, please advise of the changes and provide the appropriate medical diagnosis/report:						



Child Two								
Given Name/s:								
Surname:								
Date of Birth:								
CRN:								
Has there been any change	to the health details or medical diagnosis provided	Yes	No					
in the 2023 School Age Care	Enrolment Form:							
If yes, please advise of the changes and provide the appropriate medical diagnosis/report:								
Child Three								
Given Name/s:								
Surname:								
Date of Birth:								
CRN:								
Has there been any change	to the health details or medical diagnosis provided	Yes	No					
in the 2023 School Age Care								
If yes, please advise of the c	hanges and provide the appropriate medical diagnos	sis/report:						
Registered Parent/Guardia	n 1 Details:							
Given Name/s:								
Surname:								
Contact Number/s:								
Email:								
Address:								
Registered Parent/Guardia	n 2 Details:							
Given Name/s:								
Surname:								
Contact Number/s:								
Email:								
Address:								
E H H H H								
	ent/Guardian for CCS Purposes:							
CRN of Registered Parent/G	uardian for CCS Purposes:							
l/wa adkaawladga that if	there are any changes to the information provided to '	VINCA Carbo						
account. I am required to	there are any changes to the information provided to notify the Childcare Accounts Team in writing	r WCA Callbe	rra on my					
· · · · · · · · · · · · · · · · · · ·	his form forms part of my Complying Written Agreeme	$rt(C(M/\Lambda))$ with	the service					
under Child Care Subsidy		III (CVVA) WILI	T the service					
	I/we acknowledge and confirmation of electronic signature/s below							
if we deknowledge and ex	similation of electronic signature is below							
Parent/Guardian 1:								
Signature:								
Date:								
Parent/Guardian 2:								
Signature: Date:								
Dale.								