

CONFIDENTIAL:

THE RAINBOW ACTIVITY CENTRE RANDWICK (TRAC)
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JANUARY 2019 VACATION CARE BOOKING FORM

IMPORTANT! - YOU MUST COMPLETE A REGISTRATION FORM IF YOU HAVE NOT COMPLETED ONE PREVIOUSLY!!

1. Child's Surname:.....First Names:.....
2. Child's Surname:.....First Names:.....
3. Child's Surname:.....First Names:.....

Which days are you requesting to book?

PLEASE **TICK** THE DAYS YOU WISH TO BOOK AND
SIGN YOUR CONSENT TO ATTEND EXCURSIONS TICKED AT THE BOTTOM OF THE PAGE.
SIGNING YOUR CONSENT ACKNOWLEDGES YOU HAVE READ THE PROGRAM AND AGREE TO
THE DEPARTURES, MODE OF TRANSPORT AND COSTS INCURRED

MONDAY 7 TH SIZZLING SUMMER <input type="checkbox"/>	TUESDAY 8 TH GARDEN GREENIES <input type="checkbox"/>	WEDNESDAY 9 TH **EXCURSION** MOVIES @ RITZ CINEMA <input type="checkbox"/>	THURSDAY 10 TH PANCAKE PARLOUR <input type="checkbox"/>	FRIDAY 11 TH **EXCURSION** MANHATTAN BOWLING <input type="checkbox"/>
MONDAY 14 TH PJ PARTY DAY <input type="checkbox"/>	TUESDAY 15 TH **EXCURSION** ARCHIE BROTHERS <input type="checkbox"/>	WEDNESDAY 16 TH SUPER HEROES AND VILLAINS <input type="checkbox"/>	THURSDAY 17 TH ** SWIMMING EXCURSION** WATERWORLD CENTRAL <input type="checkbox"/>	FRIDAY 18 TH ELECTRONICS DAY <input type="checkbox"/>
MONDAY 21 ST ** SWIMMING EXCURSION** COOK AND PHILIP <input type="checkbox"/>	TUESDAY 22 ND TACO TUESDAY <input type="checkbox"/>	WEDNESDAY 23 RD **EXCURSION** SYMBIO WILDLIFE PARK <input type="checkbox"/>	THURSDAY 24 TH SUPER SLIME DAY <input type="checkbox"/>	FRIDAY 25 TH AUSTRALIA DAY CELEBRATIONS <input type="checkbox"/>
MONDAY 28 TH <u>CENTRE CLOSED</u> <input type="checkbox"/>	TUESDAY 29 TH ** SWIMMING EXCURSION** CLOVELLY BEACH <input type="checkbox"/>	WEDNESDAY 30 TH <u>BACK TO SCHOOL</u> <input type="checkbox"/>		

I AGREE FOR MY CHILD TO ATTEND THE INDICATED DAYS INCLUDING THE EXCURSIONS IF
SELECTED.

PLEASE NOTE! WE MAY OCCASIONALLY TAKE THE CHILDREN TO PAINE RESERVE (INCLUDING THE PLAYGROUND) FOR OUTINGS
DURING VACATION CARE - PLEASE TICK IF YOU **DO NOT** WISH FOR US TO DO SO

NAME:.....SIGNATURE:.....

RELATIONSHIP TO CHILD/REN ABOVE:.....MOBILE:.....

EMERGENCY CONTACT NAME:.....MOB:..... DATE:.....

OFFICE USE ONLY:

RECEIVED DATE:

STAFF INTIAL:

ENTERED BY:

Reg:

Fee:

Confirmed: