The 2019 Education and Care Application Form and 2019 Routine Excursion Form **MUST** be completed and submitted and returned by no later than **26 October 2018.**

The Dolphin, Rosella and Koala Programs operate 50 weeks per year. Families should read the PCCC Fees and Payment Policy to understand their entitlement to Holiday Leave.

**□ I will NOT be taking PCCC Holiday Leave over January, my commencement week will be □ 07/01/2019**

**□ I will be taking PCCC Holiday Leave over January my commencement week will be □ 14/01/2019 (1 week)**

 **□ 21/01/2019 (2 weeks)**

**PARENT/GUARDIAN**

**Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD**

**Family Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Given Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any medical conditions (Please Circle):** Anaphylaxis Asthma Diabetes Other

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **7:30am – 4:30pm (9hrs)** |  |  |  |  |  |
| **8:30am – 5:30pm (9hrs)** |  |  |  |  |  |
| **9:00am – 6:00pm (9hrs)** |  |  |  |  |  |
| **7:30am – 5:30pm (10hrs)** |  |  |  |  |  |
| **8:00am – 6:00pm (10hrs)** |  |  |  |  |  |

Families must nominate **ONE** session time for each day required.

***“PCCC will endeavour to accommodate your request as nominated above, however spaces are limited and cannot be guaranteed. PCCC will use Priority of Access rules to determine eligibility into Programs.”***

I confirm that I wish to accept the above permanent bookings offered at Prom Coast Centres for Children Foster. I understand that I will be charged for these sessions regardless of my child’s attendance or not, unless I have opted for January holiday leave. I also agree that I will notify PCCC should my child not be able to attend on a given day.

**Signed:** ………………………………………………….………………………………… **Date:** ………………………………………………

**Print Name:** ……………………………………………………………….…………………………………………………………………………..