Thredbo Early Childhood Centre Casual Care Booking Form

Date of Booking			-			
			Family In	ıformatio	on	
Family Name				-	Parent's Name	
Postal address						
Home Phone				-	Email address	
Mobile			Mobile			_
Address whilst in the	Snowy Moun	ntains				
		C	Children's	Informa	tion	
Child's Name				-		
Date of Birth			_	Age		
Any special needs that	at we need to	know abou	ut?			
Any Allergies						
Is the child Immunisie		immunisation	or their child mus	st leave the cen	tre if there is an outbreak.	
			Booking I	nformat	ion	
Days Required	Monday	Tuesday	Wednesday	Thursday	Friday	Week Number
Date's Required						
Total Cost			-			
Merchant Fee 2% Total Payable			-			
No bookings are co	nfirmed unti	il navment	has been rece	aivad		
Payment Method	VISA	M/C	Direct I	Deposit sit received	CHEQUE Cheque Received	
Name on the Card						_
Card Number					Expiry Date / /	
How did you find out	about us					
		Co	onfirmatio	n Inform	nation	
Enrolment Form				-	Posted receipt, map	
Centre Information Please mark if these were	posted or email	ed.		-	and confirmation letter	
			Com	ments		

Information entered into starCare ____