



VACATION CARE BOOKING FORM

December 25 - January 26

Please note: This form must be completed by a parent or guardian who has parental responsibility in relation to the child.
Please notify the Playhouse Parent and Childcare Centre of any changes to booked childcare arrangements. Thank you for your cooperation.

Child Details

Child Full Name: _____ DOB ____ / ____ / ____

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VACATION CARE BOOKING

Please tick which days your children will be attending

DECEMBER 25

Children name	Mon 15 th December	Tues 16 th December	Wed 17 th December	Thurs 18 th December	Fri 19 th December

JANUARY 26

Children name	Mon 5 th January	Tues 6 th January	Wed 7 th January	Thurs 8 th January	Fri 9 th January
	CLOSED				

Children name	Mon 12 th January	Tues 13 th January	Wed 14 th January	Thurs 15 th January	Fri 16 th January

Children name	Mon 19 th January	Tues 20 th January	Wed 21 st January	Thurs 22 nd January	Fri 23 rd January

Bookings are accepted at Office, or emailed to playhouse@uq.edu.au

Please contact us by email or phone **07 3443 3600** if you have any inquiry

We will organise the vacation care bookings for April 2026, please tick Yes if you are interested:

☐ Yes

☐ No

Parent/Guardian consent

Parent/guardian name: _____

Phone: _____

Email: _____

Address: _____

All children must be booked in and all bookings must be made 3 days in advance. Bookings cancelled later within 7 business days' notice or earlier, not including the 2-week centre closure during Christmas, will be charged in full, less any applicable Child Care Subsidy.

[Child Care Subsidy enrolment confirmations](#)

14-week rule:

If your child does not attend any session of care at our centre in 14 consecutive weeks, CCS enrolment will automatically cease. It is your responsibility to keep us informed so we can promptly re-submit your family CCS whenever necessary. Thank you for your understanding.

Once you have submitted your booking form to the service, and it has been approved, we advise that you check your Xplor app to ensure your bookings are correct.

FULL fees will apply to any unconfirmed CCS enrolments

I have read all of the information provided by the OSHC Service in relation to the Vacation Care program, including the conditions above:

I give permission for my children _____ (full name/s) to attend any excursions and/or Vacation Care days as specified.

Parent/ Guardian _____ (signature)

____/____/____ (date)

A Risk Management Assessment is available for all parents on enrolment.