



VACATION CARE BOOKING FORM

April 2026

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 _____ / _____ / _____
Child Full Name: _____	DOB _____ / _____ / _____
Child Full Name: _____	DOB _____ / _____ / _____

VACATION CARE BOOKING

Please tick which days your children will be attending

WEEK 1

Children name	Mon 6 th April	Tues 7 th April	Wed 8 th April	Thurs 9 th April	Fri 10 th April
	CLOSED				

WEEK 2

Children name	Mon 13 th April	Tues 14 th April	Wed 15 th April	Thurs 16 th April	Fri 17 th April

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 July 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.