

Vacation Care Enrolment Form


December 2024 – January 2025



 0409 116 237

 kosc@wapcyc.com.au

 51 Anketell St, Kensington 6151

 Please write your child's name in the box on the days they will be attending

	Monday 9/12	Tuesday 10/12	Wed 11/12	Thursday 12/12	Friday 13/12
JUNIORS	/	/	/	/	
SENIORS	/	/	/	/	
	Monday 16/12	Tuesday 17/12	Wed 18/12	Thursday 19/12	Friday 20/12
JUNIORS					
SENIORS					
	Monday 30/12	Tuesday 31/12	Wed 1/01	Thursday 2/01	Friday 3/01
JUNIORS	/	/	/		
SENIORS	/	/	/		

	Monday 6/01	Tuesday 7/01	Wed 8/01	Thursday 9/01	Friday 10/01
JUNIORS					
SENIORS					
	Monday 13/01	Tuesday 14/01	Wed 15/01	Thursday 16/01	Friday 17/01
JUNIORS					
SENIORS					
	Monday 20/01	Tuesday 21/01	Wed 22/01	Thursday 23/01	Friday 24/01
JUNIORS					
SENIORS					
	Monday 27/01	Tuesday 28/01	Wed 29/01	Thursday 30/01	Friday 31/01
JUNIORS					
SENIORS					

	Monday 3/02	Tuesday 4/02	Wed 5/02	Thursday 5/02	Friday 6/02
JUNIORS			/	/	/
SENIORS			/	/	/

Parent/guardian surname: _____ First name: _____

Child 1 surname: _____ First name: _____

Child 2 surname: _____ First name: _____

Child 3 surname: _____ First name: _____

Signature of parent/guardian: _____ Date: _____