**Booking Form**

**Collection from KHPS to Vibe Dance Studios**

**Name of child (and KHPS class name) to collect:**

Days for collection from school: Please tick below

|  |  |
| --- | --- |
| Day: | 3pm Pick up from KHPS |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

**Emergency Contact Name and Number:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions**

Parents/guardians must complete and submit the KHPS School Collection Permission Form, for their child, to the Director of Vibe Dance Studios.

Only students from KHPS who have a Vibe dance class student in the first time slot for that day i.e. 3:30pm can be included in the KHPS School Collection program.

The collection fee of $3 per collection will be invoiced. This covers the collection and supervision of your child before classes start.

All students booked for collection should come to the mural at the RED gate near the Kindy classes at the end of their school day to be collected. Parents should advise their child’s class teacher that they must not go to the other gates.

If a child on the Vibe collection list does not appear at the collection point by 3:10pm, the parent/guardian will be contacted by phone call and text message immediately. If a Vibe staff member is unable to contact the parent/guardian, the school office will be notified that the child has not arrived at the collection point. The KHPS office staff will contact the parent/guardian and take appropriate action to locate the child.

If your child is absent from school, please contact 0432 636 043 before 2pm so we can adjust the Vibe collection list for that day.

I have read and understood the terms and conditions of collection at Vibe Dance Studios. I give my permission for child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be collected from the KHPS premises on the days listed above.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_