Samford Valley Steiner School

OSHC Booking Form

PLEASE FILL OUT SEPARATE FORMS FOR EACH CHILD

CHILD'S DETAILS:

Child's full name:

_____

Class and Teacher: _____

Start Date: _____

BOOKING DETAILS:

BEFORE SCHOOL CARE (6:30am-8:30am)

Monday: ◯

Tuesday: ◯

Wednesday: ◯

Thursday: ◯

Friday: ◯

AFTER SCHOOL CARE (2:30pm-6:00pm)
(Weds ½ Day 12:30pm-2:30pm)
(Weds Long Day 12:30pm-6:00pm)
(Term 1, Class 1 finishes at 12:30 Wednesday)

Monday: ◯

Tuesday: ◯

Wednesday 1/2 Day (12:30-2:30): ◯

Wednesday Long Day (12:30-6:00): ◯

Wednesday Normal: ◯

Thursday: ◯

Friday: ◯