

# Booking Form for OSHC 2020

## 1. CHILD DETAILS

CHILD'S FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DOB : \_\_\_\_\_ ☐ MALE ☐ FEMALE Class: \_\_\_\_\_

## 2. BOOKING INFORMATION

After School Care: (Please Tick)

Permanent days: ☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI

Casual Care: ☐

Start Date: \_\_\_\_\_

PARENT/GUARDIAN:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNED: \_\_\_\_\_