

Booking Form for OSHC 2020

2. BOOKING INFORMATION After School Care: (Please Tick) Permanent days:	1. CHILD DETAILS		
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: DATE:	CHILD'S FULL NAME:		
2. BOOKING INFORMATION After School Care: (Please Tick) Permanent days:	HOME ADDRESS:		
After School Care: (Please Tick) Permanent days:	DOB :	FEMALE Class:	
After School Care: (Please Tick) Permanent days:			
After School Care: (Please Tick) Permanent days:	2. BOOKING INFORMATION		
Casual Care:	After School Care: (Please Tick)		
PARENT/GUARDIAN: NAME: DATE: EMAIL ADDRESS:	Permanent days:	☐ MON ☐ TUES ☐ WED ☐ THUR	S □FRI
Parent/Guardian: Name: Date: Email address:	Casual Care:		
Name: Date:	Start Date:	_	
NAME: DATE: EMAIL ADDRESS:			
EMAIL ADDRESS:	Parent/Guardian:		
	Name:	DATE:	
	EMAIL ADDRESS:		_
ICNED:	Signer		