

Booking Form for OSHC 2023

CHILD'S FULL NAME:					
HOME ADDRESS:					
DOB:	FEMALE Class:		_		
2. BOOKING INFORMATION					
After School Care: (Please Tick)	MON	TUE	WED	THU	FRI
Permanent days:	\square_{MON}	☐ TUES	□wed	□THURS	□FRI
Casual Care:					
Before School Care: (Please Tick)					
Permanent days:	\square_{MON}	☐ TUES	□wed	□THURS	□FRI
Casual Care:					
Start Date:					
PARENT/GUARDIAN:					
Name:		_ DATE:		_	