



Booking Form for OSHC 2024

CHILD'S DETAILS:

Child's Full Name: _____

DOB : _____

MALE: FEMALE:

Class: _____

BOOKING DETAILS:

Before School Care (*Please tick*)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

After School Care (*Please tick*)

Monday:

Tuesday:

Wednesday 1/2 Day (12:30-2:30):

Wednesday Long Day (12:30-6:00):

Wednesday Normal:

Thursday:

Friday:

PARENT/GUARDIAN:

NAME: _____ DATE: _____

SIGNED: _____