

# Booking Form for OSHC 2024

## 1. CHILD DETAILS

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

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

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

## 2. BOOKING INFORMATION

After School Care: (Please Tick)	MON	TUE	WED	THU	FRI
Permanent days:	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI
Casual Care:	<input type="checkbox"/>				

Before School Care: (Please Tick)	MON	TUE	WED	THURS	FRI
Permanent days:	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI
Casual Care:	<input type="checkbox"/>				

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

PARENT/GUARDIAN:

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

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

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