

KIDS



CLUB

Before School Care

After School Care

Holiday Club

Office Use Only

Priority Listing: 1 2 3 4

Other

Booking: BSC ASC VAC

Booking Fee: Yes No

CASUAL CARE BOOKING SHEET

Date: ___/___/___

Name/s of Children	Grade	
1.		Date of Birth ___/___/___
2.		Date of Birth ___/___/___
3.		Date of Birth ___/___/___
4.		Date of Birth ___/___/___

Parent Details

Mother:

Name: _____ Phone: () _____

Address: _____

Town: _____ State: _____ P/Code _____

Employer _____ Phone: () _____

Father:

Name: _____ Phone: () _____

Address: _____

Town: _____ State: _____ P/Code _____

Employer _____ Phone: () _____

DAYS AND HOURS OF CARE REQUIRED

Before School

Monday Tuesday Wednesday Thursday Friday

After School

Monday Tuesday Wednesday Thursday Friday

Effective Date ___/___/___ Signature _____

PLEASE NOTE
10% surcharge on all
Casual Care Bookings.