

KIDS



CLUB

Before School Care

After School Care

Office Use Only

Priority Listing: 1 2 3 4 Other

Booking: BSC ASC

# BOOKING SHEET

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Name/s of Children

- |          |             |
|----------|-------------|
| 1. _____ | Grade _____ |
| 2. _____ | Grade _____ |
| 3. _____ | Grade _____ |
| 4. _____ | Grade _____ |

## Parent Details

### Mother/ Carer:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### Father/ Carer:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## DAYS REQUIRED

Week one – start date \_\_\_\_/\_\_\_\_/\_\_\_\_

### BSC

Monday     Tuesday     Wednesday     Thursday     Friday

### ASC

Monday     Tuesday     Wednesday     Thursday     Friday

*A separate Vacation Care booking will be required each Vacation Care period.*

End date of booking (if a temp booking) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent \_\_\_\_\_

Signature \_\_\_\_\_