

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

Before & After School Care CHANGE OF BOOKING SHEET

Date: ____/____/____

Name/s of Children

- 1. _____ Date of Birth ____/____/____
- 2. _____ Date of Birth ____/____/____
- 3. _____ Date of Birth ____/____/____
- 4. _____ Date of Birth ____/____/____

DAYS AND HOURS OF CARE BOOKED

- | | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | BSC |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | ASC |

CHANGES TO BOOKING

- | | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | BSC |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | ASC |

EFFECTIVE FROM ____/____/____

Name: _____ Signature _____ PH No. _____

DON'T FORGET - 2 WEEKS NOTICE IS REQUIRED FOR ANY CHANGES OR CANCELLATIONS OF BOOKINGS - Previous days booked FEES WILL STILL APPLY without this notice

Kids Club
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