

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

Cancellation of BOOKING SHEET

Date: ___/___/___

Name/s of Children

1. _____	Date of Birth	___/___/___	CRN	_____
2. _____	Date of Birth	___/___/___	CRN	_____
3. _____	Date of Birth	___/___/___	CRN	_____
4. _____	Date of Birth	___/___/___	CRN	_____

Parent Details

Mother/Primary Carer

Name: _____ Phone: () _____

CRN: _____

Employer _____ Phone: () _____

Father/Carer

Name: _____ Phone: () _____

Employer _____ Phone: () _____

DAYS AND HOURS OF CARE BOOKED

Before School – please tick required days

Monday Tuesday Wednesday Thursday Friday

After School – please tick required days

Monday Tuesday Wednesday Thursday Friday

DON'T FORGET WE REQUIRE TWO WEEKS NOTICE FOR ANY CANCELLATIONS – Fees will be incurred without this notice.

Effective Date ___/___/___ Signature _____