# OSHC Prep to Year 6 Booking Form

Name of Student/s: _____ Class: _____
_____ Class: _____
_____ Class: _____

My child will be attending Morning / Afternoon School Care as follows:

**Please Note**
You will be billed if your child does not attend, unless a Doctor's Certificate is produced or 24 hours' notice is given.
Fees are charged at a flat rate.

| | Morning | Afternoon | Person collecting child |
|---|---|---|---|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

I would like to book the days above for: (please tick each term you require for the year)

Term 1 ☐ Term 2 ☐ Term 3 ☐ Term 4 ☐

OR

I would like to book for specified dates:

From: _____ To: _____
From: _____ To: _____

Please Note:

TO CANCEL YOUR BOOKING PLEASE COMPLETE AN OSHC CANCELLATION FORM

SIGNED:_____Parent/Carer DATE: _____

OFFICE USE ONLY Booking Form 2019

| RECEIVED BY | SIGNED | DATE | COPY SENT TO | DATE |
|---|---|---|---|---|
| Accounts Office | | | | |
| OSHC | | | | |
| Junior School Office | | | | |