



AFTER SCHOOL HOURS CARE PERMANENT BOOKING FORM 2018

CHILDREN ATTENDING

Family Name _____		
Child A _____	DOB _____	CLASS _____
Child B _____	DOB _____	CLASS _____
Child C _____	DOB _____	CLASS _____
Child D _____	DOB _____	CLASS _____

After School Care will re-open on Tuesday 23rd January 2018. Prep children can attend from Monday 29th January 2018.

CHILD A: Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care days attending					

CHILD B: Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care days attending					

CHILD C: Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care days attending					

CHILD D: Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care days attending					

I _____ (the undersigned) give permission for Child A _____ Child B _____ Child C _____ Child D _____ to attend Citipointe OSHC and will not hold the Service, its staff or volunteers responsible for damages and/or loss of property and/or accident. I understand that a late fee of \$2.00 per minute will apply if my child is collected after 6.00pm. I understand that 5 days notice is required to cancel a booking otherwise full fees will be charged.

Signed _____ Date _____