

BOOKINGS SLIP 2012

Name(s)..... Date care commences.....

Please indicate the sessions for which you wish your child/ren to be booked each week.

BSC	Mon	Tues	Wed	Thurs	Fri	Dates of care will be:
Arrival time:						From: To:
						Please Circle: Permanent or Casual

ASC	Mon	Tues	Wed	Thurs	Fri	Dates of care will be:
Departure time:						From: To:
						Please Circle: Permanent or Casual

A \$10.00 registration fee is required to be paid to the OSHC centre at the time of enrolling.