



# BOOKING FORM

**ONE FORM PER CHILD**

**Details:** Child's Family Name: \_\_\_\_\_

Child's Christian Name: \_\_\_\_\_

### TYPES OF BOOKINGS AVAILABLE

#### **PERMANENT TERM BOOKED CARE:**

Bookings will be permanent for the whole term.  
No cancellations. Allowable Absences apply.  
Casual attendances can be added.

#### **CASUAL BOOKED CARE:**

Bookings made at any time during the current term. 48 hours notice is required for Cancellations. Allowable Absences apply.

### **PLEASE COMPLETE ONLY SECTION A OR B**

---

#### **Section A: PERMANENT TERM BOOKING.**

Please Tick

Yes I would like enrol my child for a Permanent Term Booking

Please tick which days your child will attend:

Before School Care       Monday     Tuesday     Wednesday     Thursday     Friday

After School Care       Monday     Tuesday     Wednesday     Thursday     Friday

Booking For  Term 1     Term 2     Term 3     Term 4    Commencing Date: \_\_\_\_\_  
OR

Booking from: \_\_\_/\_\_\_/20\_\_\_ to \_\_\_/\_\_\_/20\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

#### **Section B: CASUAL CARE BOOKING**

Please Tick

Yes I would like to enrol my child for a casual care booking

I understand I must ring the service (8773 6707) to ensure staff are aware my child will be attending.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **OFFICE USE ONLY:**

Enrolment Form and Booking Form Complete and Received by: \_\_\_\_\_

Signature: \_\_\_\_\_ Staff name  
Date Received: \_\_\_/\_\_\_/\_\_\_