



## AFTER SCHOOL HOURS CARE PERMANENT BOOKING FORM 2019

### 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 29<sup>th</sup> January 2019. Prep children can attend from Monday 4<sup>th</sup> February 2019.**

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 \_\_\_\_\_