MODBURY WEST O.S.H.C.

Booking Form for 2016

Parent Name		I require care for my child/re	en on the followir	ng days.
Child/s Name	Class Number	AM	PM	Weekly
1		Monday		Bookings
2		Tuesday		My bookings will
		W ednesday		remain the same weekly
3		Thursday		_
I understand that if there are any change the days I have indicated, I must notify t		Friday		
I understand that if I cancel a booking for After School Care After 0900 hrs of the morning care was required I will be charged a Holding Fee		AM	PM	Fortnightly
		M onday		Bookings
Notification prior to 0900 hrs no fee is cl	<u>narged</u>	Tuesday		
I understand I must cancel Before School Care prior to the days booking or on the answering machine before 7am that		W ednesday		
day.		T hursday		
Telephone 8395 0012 or SMS 0401 993 3 (Answering Machine available outside normal hou		Friday		ENTERED
Booking Commences / / 2016	S Signature	Date	/ / 2016	DATE BY