


Sherwood OSHC - Booking Form

I would like to book my child/ren

1. _____
2. _____
3. _____
4. _____

Fortnightly Bookings
Please indicate fortnightly booking by dividing the box into two and ticking the first or second section for the corresponding week.



BSC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Start Date

ASC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Start Date

I understand that Sherwood OSHC will notify me of the days that I have been allocated. I also understand that if I cannot be placed on certain days, my child/ren will be automatically placed on the waiting list until a position becomes available.

I understand that I must contact Sherwood OSHC if I wish to change this booking. I must give adequate cancellation notice, otherwise charges will apply (Please see *Cancellation Policy* within the Family Handbook).

Parent/Guardian's Name: _____ Signature: _____ Date: _____

Office Use Only:

Allocated Days: _____ **Notice given: Y / N** **Confirmed: Y / N** **Date-** _____

BSC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

ASC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Waiting List Days _____ **Date Placed;** _____

BSC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

ASC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY