

KIDS



CLUB

Before School Care
After School Care
Vacation Care

Office Use Only

Priority Listing: 1 2 3 4 Other
Booking: BSC ASC VAC
Booking Fee: Yes No

BOOKING SHEET

Date: ____/____/____

Name/s of Children	Grade	
1.		Date of Birth ____/____/____
2.		Date of Birth ____/____/____
3.		Date of Birth ____/____/____
4.		Date of Birth ____/____/____

Parent Details

Mother/Carer:

Name: _____ Phone: () _____

Address: _____

(Only fill in if different from booking sheet)

Town: _____ State: _____ P/Code _____

Employer _____ Phone: () _____

Father/Partner:

Name: _____ Phone: () _____

Address: _____

(Only fill in if different from booking sheet)

Town: _____ State: _____ P/Code _____

Employer _____ Phone: () _____

DAYS AND HOURS OF CARE REQUIRED

Before School

Monday Tuesday Wednesday Thursday Friday

After School

Monday Tuesday Wednesday Thursday Friday

Effective Date ____/____/____ Signature _____

Kids Club

ABN: 49-141-145-952

Ph: 07 46698416 OR 0400 954772 Hall Mobile

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