

KIDS



CLUB

Before School Care
After School Care
Holiday Club

Office Use Only

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

Easter Vacation Care BOOKING SHEET

Date: ____/____/____

Name/s of Children

1. _____	Date of Birth ____/____/____	CRN _____
2. _____	Date of Birth ____/____/____	CRN _____
3. _____	Date of Birth ____/____/____	CRN _____
4. _____	Date of Birth ____/____/____	CRN _____

Parent Details

Mother/Primary Carer

Name: _____ Phone: () _____

Employer _____ Phone: () _____

Father/Carer

Name: _____ Phone: () _____

Employer _____ Phone: () _____

DAYS REQUIRED

Please tick relevant days required

Monday Tuesday Wednesday Thursday Friday
 Monday Tuesday Wednesday Thursday Friday

*** - Public Holiday

AN ENROLMENT FORM *MUST* BE FILLED OUT BEFORE ANY BOOKINGS CAN BE ACCEPTED.

Signature _____ Name _____

Kids Club
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