

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 JUN & SEPT VACATION CARE

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/Guardian:

Name: _____ Phone: () _____

Father/Partner:

Name: _____ Phone: () _____

DAYS OF CARE REQUIRED

	Monday	Tuesday	Wednesday	Thursday	Friday
Wk 1					
Wk 2					

*Please Note: 2 weeks notice is required for any changes of bookings. No CCB can be claimed if your child ceases attending and they are booked in – so therefore you **will** be charged full price if this notice is not received.*

Parent/Guardian Signature _____ Date / /

Kids Club

ABN: 49-141-145-952

Ph: 07 46698416 or 0400 954772 Mobile