

After School Care - Scheduled Days

* Please circle information where appropriate

Term - 1 2 3 4 Start Date _____

Children's Details:

Days required (circle to book, cross to cancel)

Child 1: First Name _____ Last Name _____ School _____

Monday	Tuesday	Wednesday	Thursday	Friday
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Child 2: First Name _____ Last Name _____ School _____

Monday	Tuesday	Wednesday	Thursday	Friday
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Child 3: First Name _____ Last Name _____ School _____

Monday	Tuesday	Wednesday	Thursday	Friday
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Child 4: First Name _____ Last Name _____ School _____

Monday	Tuesday	Wednesday	Thursday	Friday
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*Please note schedules carry over from week to week and from term to term unless Kidszone office staff are notified otherwise. (Please use this form as well as informing a staff member to ensure no miss communication)

*Do you need to update any of your details? (If YES please provide below)

Parent / Guardian Contact Details –

First Name _____ Last Name _____

Email _____

Home Phone _____ Work Phone _____ Mobile _____

Parent / Carer Signature

By signing below you agree that all information given is correct. That changing schedules can result in weekly fee changes and impact free programs in accordance to Kidszone Australia's Policies and Procedures, including fees and collection policies.

First Name _____

Last Name _____

Signature _____

Date _____

Office Use Adjusted CWA signed (tick) ☐
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