

Out of School Care Booking Form session 2011 - 2012

TITLE _____ NAME _____ CHILD(REN)'S NAME(S) _____
 ADDRESS _____ AND AGE(S) _____
 POSTCODE _____ SCHOOL ATTENDED _____
 PHONE _____ OUT OF SCHOOL CARE ATTENDED _____

2011 AUGUST					SEPTEMBER					OCTOBER					NOVEMBER					DECEMBER				
Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
X	X	X	X	X				01	02	03	04	05	06	07		01	02	03	04				01	02
X	X	X	X	X	05	06	07	08	09	10	11	12	13	14	07	08	09	10	11	05	06	07	08	09
X	X	17	18	19	12	13	14	15	16	17	18	19	20	21	14	15	16	17	18	12	13	14	15	16
22	23	24	25	26	NS	20	21	22	23	24	25	26	27	28	21	22	23	24	25	19	20	21	22	NS
29	30	31			26	27	28	29	30	31					28	29	30			NS	NS	NS	NS	NS

2012 JANUARY					FEBRUARY					MARCH					APRIL					MAY					JUNE				
Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
NS	NS	NS	NS	NS			01	02	03				01	02	02	03	04	05	NS		01	02	03	04					01
09	10	11	12	13	06	07	08	09	10	05	06	07	08	09	NS	10	11	12	13	NS	08	09	10	11	04	05	06	07	08
16	17	18	19	20	13	14	15	16	17	12	13	14	15	16	16	17	18	19	20	14	15	16	17	18	11	12	13	14	15
23	24	25	26	27	20	21	22	23	24	19	20	21	22	23	23	24	25	26	27	21	22	23	24	25	18	19	20	21	22
30	31				27	28	29			26	27	28	29	30	30					28	29	30	31		25	26	27	28	29

SHADED AREA = FULL DAY CARE
NS = NO SERVICE OPERATING

Confirmation:- I wish to book the above days on this form. I understand that 48hrs notice is required for cancellations or I will be charged.

Parent/Carer's Signature _____ Date _____

PLEASE RETURN FORMS TO THE OUT OF SCHOOL CARE VENUE

OUT OF SCHOOL CARE CONFIRMATION

On behalf of Children's Outreach Services, I verify that all / part of the above booking is confirmed.

Dates available are as follows: _____

Dates UNAVAILABLE are as follows: _____

Signature _____

Date _____

(ON BEHALF OF CHILDREN'S OUTREACH SERVICES)