

OUTSIDE SCHOOL HOURS CARE MANLY STATE SCHOOL



| |
|-------------------|
| Office Use |
| Date: _____ |
| Entered By: _____ |

BEFORE & AFTER SCHOOL CARE BOOKING FORM

REFER TO THE MANLY OSHC PARENT INFORMATION SHEET FOR OUR PRIVACY POLICY DETAILS

Parent's Name: _____

Child's Name: _____

Address: _____

Home Phone No: _____ Work Phone No: _____ Mobile: _____

Email (for Statements & Newsletters): _____

TICK REASON FOR CARE

- Priority 1 - child at Risk
- Priority 2 - single parent/parents working, training or studying
- Priority 3 - any other child

AND

- children in Aboriginal & Torres Strait Islander families
- children in families which include a disabled person
- children in families - non-English speaking background
- children of single parents

TICK TYPE OF CARE

Permanent Care

Casual Care

IF PERMANENT CARE IS NEEDED, please indicate on table below the days you require:

BEFORE SCHOOL CARE

| Child's Name | Monday | Tuesday | Wed'day | Thursday | Friday |
|--------------|--------|---------|---------|----------|--------|
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| | | | | | |
| | | | | | |
| | | | | | |

AFTER SCHOOL CARE

| Child's Name | Monday | Tuesday | Wed'day | Thursday | Friday |
|--------------|--------|---------|---------|----------|--------|
| | | | | | |
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| | | | | | |
| | | | | | |

Additional Information: _____

Date Booking to take effect from: _____

Signature of Parent/Guardian: _____ Date: _____