

SFX OSHC

BOOKING FORM (CWA) COMPLYING WRITTEN ARRANGEMENT

CHILD'S FULL NAME:	_ CLASS ROOM	_DOB://	_
CHILD'S FULL NAME:	_CLASS ROOM	_ DOB://	_
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Please tick one of the following booking options:

- CASUAL BOOKINGS ONLY
- PERMANENT BOOKINGS
- PERMANENT BOOKINGS with ADDITIONAL CASUAL BOOKINGS if/when needed

If you have selected **PERMANENT BOOKINGS** or **PERMANENT BOOKINGS with ADDITIONAL CASUAL BOOKINGS if/when needed** please tick below what sessions you would like to book permanently. These permanent bookings will be input for weekly attendance from the date requested. Casual bookings can be made via the SPIKE app.

PERMANENT BOOKINGS SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BSC	BSC	BSC	BSC	BSC
ASC	ASC	ASC	ASC	ASC

Date bookings to commence: ___/___/

Additional information such as weekly or fortnightly recurrence: ______

Parent / Guardian Full Name: _____

Signature: _____ Date: __/__/___

OFFICE USE ONLY DATE RECEIVED: ___/ ___ DATE INPUT: ___/ ___ STAFF SIGNATURE: _____