



After School Care Booking Form

Week Started ____/____/____

Please tick days required

\$10 per student

Monday

Tuesday

Wednesday

Thursday

Friday

Care required for;

Student Name: _____

Student Name: _____

Student Name: _____

Total Amount Enclosed: \$ _____

- *Care is until 5pm. Payment is to be made with booking form. If cancelled a credit will be issued for future care.*