



## After School Care Booking Form

Week Started \_\_\_\_/\_\_\_\_/2016

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.*