



# Tewantin State School OSHC BOOKING FORM

Date

Child's Name

Please use a **tick** to add and a **X** to cancel

<input type="checkbox"/>	BSC	<input type="checkbox"/>	ASC
<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday
<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday
<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday
<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday
<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday

To take effect from

Parent/Guardian Name

Parent/Guardian Signature

Entered in computer

Staff Name \_\_\_\_\_

Email/SMS confirmation sent to parent

Staff Name \_\_\_\_\_

