

## CHILD CARE AND PRE KINDER PROGRAM

### BOOKING REQUEST FORM 2017

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Term 1       Term 2       Term 3       Term 4

#### Sessions Requested:

Monday Child Care – 9am – 2pm

Permanent Place – Y / N

Tuesday Pre Kinder session – 9am -1pm

Wednesday Child Care – 9am – 2pm

Permanent Place – Y / N

Thursday Pre Kinder session – 9am – 1pm

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Number: \_\_\_\_\_