Brighton Primary School OSHC Term 1 2019 - Booking Form

(One note per family, please keep a copy)

TERM 1 2019

Surname								
First Name		First Name		First Name		Firs	First Name	
f vour first we	ack is the sa	me day	s required for t	the rest of the term	nlease	circle ve	as if this still suits y	
•			•	yes and the dates y	•	•		
very individu			·	,	·		YES	
Week 1	Monda 28/1	У	Tuesday 29/1	Wednesday 30/1	Thursday 31/1		Friday 1/2	
Am	Pul	blic						
Pm	Holi	iday						
Week 2	Monda	у	Tuesday 5/2	Wednesday 6/2	Thursday 7/2		Friday 8/2	
Am	,			-,			-,	
Pm								
	I		I	L	<u> </u>		L	
Week 3	Monday 11/2	Tuesday 12/2		Wednesday 13/2	Thursday 14/2		Friday 15/2	
Am								
Pm								
Week 4	Monda 18/2	У	Tuesday 19/2	Wednesday 20/2	Thu 21/	ursday '2	Friday 22/2	
Am	10,2		15/2	20,2	21/		,-	
Pm								
Week 5	Monda	У	Tuesday 26/2	Wednesday 27/2	Thu 28/	ursday /2	Friday 1/3	
Am								
Pm								

	Monday 4/3	Tuesday 5/3	Wednesday 6/3	Thursday 7/3	Friday 8/3
Am	1/3	3/3	0,3	1/3	9/3
Pm					
Week 7	Monday	Tuesday	Wednesday	Thursday	Friday
	11/3	12/3	13/3	14/3	15/3
Am	Public				
Pm	Holiday				
Week 8	Monday	Tuesday	Wednesday	Thursday	Friday
Am	18/3	19/3	20/3	21/3	22/3
Pm					
				1	1
Week 9	Monday 25/3	Tuesday 26/3	Wednesday 27/3	Thursday 28/3	Friday 29/3
Am	23/3	20/3	21/3	20,3	25/5
Pm					
Week 10	Monday	Tuesday	Wednesday	Thursday	Friday
Am	1/4	2/4	3/4	4/4	5/4
Pm					
Week 11	Monday	Tuesday	Wednesday	Thursday	Friday
Week 11	Monday 8/4	Tuesday 9/4	10/4	Thursday 11/4	Friday 12/4
Am					
Pm					
		 			
Repeat bookings					
epear bookings		for the duration o	f the year? Yes/No		
	o repeat bookings		•		
Vould you like to			e an OSHC Educator	to walk your child	to their classroom? V
Vould you like to	Y - Before School C	are: Would you lik			to their classroom? Y
Vould you like to	Y - <u>Before School C</u> one:	<i>are:</i> Would you lik Year	level: Classroom	number:	Class teacher:
Vould you like to	Y - <u>Before School C</u> one:	<i>are:</i> Would you lik Year	level: Classroom	number:	
Vould you like to	Y - <u>Before School Co</u> ne: LY - <u>After School C</u> C	are: Would you lik Year are: Would you lik	level: Classroom	number: to collect your chi	Class teacher:
Vould you like to CEPTIONS ONL Yes: Childs nan	Y - <u>Before School Co</u> ne: LY - <u>After School C</u> C	are: Would you lik Year are: Would you lik	level: Classroom	number: to collect your chi	Class teacher: