

**Brighton Primary School OSHC**  
**Term 3 2019 - Booking Form**

(One note per family, please keep a copy)

**TERM 3 2019**

Surname			
First Name	First Name	First Name	First Name

If your first week is the same days required for the rest of the term please circle yes, if this still suits you but you need to add some other sessions as well, circle yes and the dates you require, if your dates are inconsistent tick every individual day. **YES / NO**

Week 1	Monday 22/7	Tuesday 23/7	Wednesday 24/7	Thursday 25/7	Friday 26/7
Am					
Pm					

Week 2	Monday 29/7	Tuesday 30/7	Wednesday 31/7	Thursday 1/8	Friday 2/8
Am					
Pm					

Week 3	Monday 5/8	Tuesday 6/8	Wednesday 7/8	Thursday 8/8	Friday 9/8
Am					
Pm					

Week 4	Monday 12/8	Tuesday 13/8	Wednesday 14/8	Thursday 15/8	Friday 16/8
Am					
Pm					

Week 5	Monday 19/8	Tuesday 20/8	Wednesday 21/8	Thursday 22/8	Friday 23/8
Am					
Pm					

<b>Week 6</b>	Monday 26/8	Tuesday 27/8	Wednesday 28/8	Thursday 29/8	Friday 30/8
Am					
Pm					

<b>Week 7</b>	Monday 2/9	Tuesday 3/9	Wednesday 4/9	Thursday 5/9	Friday 6/9
Am					
Pm					

<b>Week 8</b>	Monday 9/9	Tuesday 10/9	Wednesday 11/9	Thursday 12/9	Friday 13/9
Am					
Pm					

<b>Week 9</b>	Monday 16/9	Tuesday 17/9	Wednesday 18/9	Thursday 19/9	Friday 20/9
Am					
Pm					

<b>Week 10</b>	Monday 23/9	Tuesday 24/9	Wednesday 25/9	Thursday 26/9	Friday 27/9
Am					
Pm					

Repeat bookings

Would you like to repeat bookings for the duration of the year? **Yes/No**

**RECEPTIONS ONLY- Before School Care:** Would you like an OSHC Educator to walk your child to their classroom? **Yes/No**

If yes: Child's name: \_\_\_\_\_ Year level: \_\_\_\_\_ Classroom number: \_\_\_\_\_ Class teacher: \_\_\_\_\_

**RECEPTIONS ONLY- After School Care:** Would you like an OSHC Educator to collect your child from their classroom? **Yes/No**

If yes: Child's name: \_\_\_\_\_ Year level: \_\_\_\_\_ Classroom number: \_\_\_\_\_ Class teacher: \_\_\_\_\_

Signature.....Date.....