

Bishop Druitt College OOSH After School Care Term 4 Booking Form

Family Name:			
Child/ren's Name:	1.	DOB:	
	2.	DOB:	
	3.	DOB:	

Please place your child's name on the day's you would like them to attend and return this form by the 4th October 2011

Monday 10/10/11	Tuesday 11/10/11	Wednesday 12/10/11	Thursday 13/10/11	Friday 14/10/11
Monday 17/10/11	Tuesday 18/10/11	Wednesday 19/10/11	Thursday 20/10/11	Friday 21/10/11
Monday 24/10/11	Tuesday 25/10/11	Wednesday 26/10/11	Thursday 27/10/11	Friday 28/10/11
Monday 31/10/11	Tuesday 1/11/11	Wednesday 2/11/11	Thursday 3/11/11	Friday 4/11/11
Monday 7/11/11	Tuesday 8/11/11	Wednesday 9/11/11	Thursday 10/11/11	Friday 11/11/11
Monday 14/11/11	Tuesday 15/11/11	Wednesday 16/11/11	Thursday 17/11/11	Friday 18/11/11
Monday 21/11/11	Tuesday 22/11/11	Wednesday 23/11/11	Thursday 24/11/11	Friday 25/11/11
Monday 28/11/11	Tuesday 29/11/11	Wednesday 30/11/11	Thursday 1/12/11	Friday 2/12/11
Monday 5/12/11	Tuesday 6/12/11	Wednesday 7/12/11	Thursday 8/12/11	Friday 9/12/11
			Vacation Care Starts	

Name:		Email:	
--------------	--	---------------	--

Signed _____ Date _____
 Signature of (circle one) Mother / Father / Guardian