

BOOKING FORM

OSCAR Before School and After School

Name of Child:						
Name of Child:						
Name of Child:						
Please tick the programme and days you wish to book:						
Before School 7.00 am – 8.30 am	Monday				Monday	
	Tuesday				Tuesday	
	Wednesday				Wednesday	
	Thursday				Thursday	
	Friday				Friday	
After School 3.00 pm – 5.30 pm						
Starting Date _____ Finish Date _____ or On-going _____						
WINZ form submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____						
WINZ application forms must be completed BEFORE your child starts at OSCAR						
In signing this form I agree to pay all of my child's OSCAR fees, even if my WINZ application is declined.						
_____		_____			_____	
Name		Signature			Date	

ADMIN USE ONLY	New Enrolment Form Received? <input type="checkbox"/> Yes Admin Initial: _____
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