

KIDS



CLUB

Before School Care  
After School Care  
Holiday Club

Office Use Only

Priority Listing: 1 2 3 4 Other  
Booking: BSC ASC VAC  
Booking Fee:  Yes  No

# Cancellation of BOOKING SHEET

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

### Name/s of Children

1. _____	Date of Birth	____/____/____	CRN	_____
2. _____	Date of Birth	____/____/____	CRN	_____
3. _____	Date of Birth	____/____/____	CRN	_____
4. _____	Date of Birth	____/____/____	CRN	_____

### Parent Details

#### Mother/Primary Carer

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

CRN: \_\_\_\_\_

Employer \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

#### Father/Carer

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### DAYS AND HOURS OF CARE BOOKED

#### Before School – please tick required days

Monday     Tuesday     Wednesday     Thursday     Friday

#### After School – please tick required days

Monday     Tuesday     Wednesday     Thursday     Friday

**DON'T FORGET WE REQUIRE TWO WEEKS NOTICE FOR ANY CANCELLATIONS**

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

Kids Club  
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