

TINTINHULL OUTSIDE SCHOOL HOURS CARE

BOOKING FORM

Child/Children Name _____

Before School Care (Please write in the time you will need care each morning for the week)

DAY	TIME IN	TIME IN	TIME IN	TIME IN	TIME IN
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

After School Care (Please write in the time you will need care for each afternoon for the week)

DAY	TIME OUT	TIME OUT	TIME OUT	TIME OUT	TIME OUT
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					