## THE HEIGHTS OSHC - ANNUAL BOOKING FORM 2024

This form only applied term. Vacation Car	-	-			ing the school	
Family Name:	ımily Name: Date:					
Type your child/ren	's names in the c	orresponding sessi	on of care as requ	uired:		
For families that havinformation that you	_					
Week 1:						
	MON	TUES	WED	THURS	FRI	
Before School						
After School						
Week 2:						
	MON	TUES	WED	THURS	FRI	
Before School						
After School						
Please specify dura	tion of parmanar	at bookings (for over	ample ASC up un	til and of Tarm 2)		
					a Danalia an ann	
If this section is not f be adjusted at any		issume that perma	nent bookings ar	e for the entire yea	r. Bookings can	
Comments:						
Parent name:	ent name: Parent Signature:					

T 08 8242 8940

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