



CANTERBURY
COLLEGE

CANTERBURY COLLEGE OSHC Prep to Year 6

NAME OF STUDENT/S:

_____	Class _____
_____	Class _____
_____	Class _____

My child will be attending Morning / Afternoon School Care as follows:

Please Note

You will be billed if your child does not attend unless a Doctor's Certificate is produced or 24 hours notice is given. Fees are charged at a flat rate.

	Morning	Afternoon	Person collecting child
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I would like to book the days above for: (please tick each term you require for the year)

Term 1	Term 2	Term 3	Term 4
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OR

I would like to book for specified dates:

From _____ To _____

From _____ To _____

Please Note:

TO CANCEL YOUR BOOKING PLEASE COMPLETE AN OSHC CANCELLATION FORM

SIGNED: _____ Parent/Guardian **DATE:** _____

OFFICE USE ONLY

RECEIVED BY	SIGNED	DATE	COPY SENT TO	DATE
Accounts Office				
OSHC				
Junior School Office				