

DROUIN WEST PRIMARY SCHOOL

OUT OF SCHOOL HOURS CHILD CARE PROGRAM

BOOKING FORM

Week beginning Monday _____ 2017

Family Name: _____

Before School Care

	7.00	7.15	7.30	7.45	8.00	8.15	8.30	8.45
Mon								
Tue								
Wed								
Thur								
Fri								

After School Care

	3.15	3.30	3.45	4.00	4.15	4.30	4.45	5.00	5.15	5.30	5.45
Mon											
Tue											
Wed											
Thur											
Fri											

Names of children attending: Grade:
 Grade:
 Grade:

Signed:

Email Address:

Example:

Before School Care

	7.00	7.15	7.30	7.45	8.00
Mon		←	→		
Tues		←	→		
Wed					

Example 1

After School Care

	3.15	3.30	3.45	4.00	4.15	4.30
Mon	←					→
Tues						
Wed	←		→			

Example 1
Example 2

Family Assistance Office

To claim Childcare Benefit ring 136150 tell them you would like your child to attend Drouin West After School Care. Our CRN being **555 019 281B**