

After School Care

Booking Form
Term Four 2017



EDENDALE

PRIMARY SCHOOL

Surname: _____

Pupil First Name(s) _____

Tick the sessions you would like your child/ren to attend. My child will be there until 5.30pm / 6.00pm (Circle One)

Month	Week	Date	Monday	Tuesday	Wednesday	Thursday	Friday
October	Week One	Monday 16 th to Friday 20 th					
	Week Two	Tuesday 24 th to Friday 27 th	Labour Day School Closed				
November	Week Three	Monday 30 th to Friday 3 rd					
	Week Four	Monday 6 th to Friday 10 th					
	Week Five	Monday 13 th to Friday 17 th					
	Week Six	Monday 20 th to Friday 24 th					
	Week Seven	Monday 27 th to Friday 1 st					
December	Week Eight	Monday 4 th to Friday 8 th					
	Week Nine	Monday 11 th to Friday 15 th				School Closed	
	Total Number of Sessions						

Number of sessions to 5.30pm _____ x \$12 per session = _____
 Number of sessions to 6.00pm _____ x \$17 per session = _____
 TOTAL = _____