



# Youth Leadership Victoria

## OSHC Booking Form

**Child's Name:** (First / Last)

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**School Child Attends:**

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**Primary Parent's Name:** (First / Last)

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**Primary Parent's email address:**

**Primary Parent's Mobile Number:**

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**Start Date:** (dd/mm/yy)

**End Date:** *If Known* (dd/mm/yy)

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\_\_\_\_/\_\_\_\_/\_\_\_\_

**Before School Care:** (please circle where applicable)

Monday

Tuesday

Wednesday

Thursday

Friday

**After School Care:** (please circle where applicable)

Monday

Tuesday

Wednesday

Thursday

Friday

**Will your child be attending on a casual or permanent basis?** (Please circle)

Permanent

Casual

**Primary Parents Signature:** \_\_\_\_\_