



SCALLYWAGS CHILDREN'S CENTRE

Booking Preference Application 2010

CHILD'S NAME _____

D.O.B. ____/____/____

SESSION PREFERRED: Please number **1, 2,3,4,5** in your order of preference

THREE HOUR SESSIONS

FIVE HOUR SESSIONS

Monday 9.30am – 12.30pm

Tuesday 9.30am – 2.30pm

Wednesday 9.30am – 12.30pm

Thursday 9.30am – 2.30pm

Friday 9.30am – 12.30pm

★ How many child care sessions would you like per week? _____

★ Is this a course related booking? No Yes Course name _____

★ Are there any other requests, comments or conditions to be considered? _____

Contact Parent's name: _____

Phone numbers: Mobile: _____

Most vacancies will be offered by SMS. Do you give permission to receive SMSs from Sussex Neighbourhood House regarding child care. Yes No

Home: _____

Work: _____

Signed _____

OFFICE USE ONLY: Age at enrolment: _____ years Enrolment date: ____/____/____

Low Income Discount

Course Discount