



SCALLYWAGS CHILDREN'S CENTRE

Booking Preference Application 2012

CHILD'S NAME: _____

D.O.B. ____/____/____

Child Care

Please number **1,2,3,4** in your order of preference or tick

Three Hour Child Care Sessions	Five Hour Child Care Sessions
Friday 9.30am – 12.30pm <input type="checkbox"/>	Tuesday 9.30am – 2.30pm <input type="checkbox"/>
Wednesday 9.30am – 12.30pm <input type="checkbox"/>	Thursday 9.30am – 2.30pm <input type="checkbox"/>

Please tick required program.

Little Possums	Big Possums
Monday 10.00am – 12.00pm <input type="checkbox"/>	Monday 12.30pm – 3.30pm <input type="checkbox"/>

★ 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 for contacting 9am – 9.30am: _____

• Best daytime phone number for other bookings & messages: _____

Parent Signature: _____

OFFICE USE ONLY: Age at 1st February 2012: _____ years

Low Income Discount Course Discount 2nd / 3rd Child Discount

Staff signature: _____ Enrolment date: ____/____/____