



Woolooware Outside School Hours Care

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WOSHC CHANGE/CANCEL BOOKING FORM

Child/ren Name _____

Current Permanent Booking

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>
<u>PM</u>	<u>PM</u>	<u>PM</u>	<u>PM</u>	<u>PM</u>

New Permanent Booking to commence on ____/____/____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u> <i>All AM's 7.00-9.00 AM \$14.00 Flat Rate</i>
<u>PM</u>	<u>PM</u>	<u>PM</u>	<u>PM</u>	<u>PM</u> <i>All PM's 15.30-18.30 PM \$20.00 Flat Rate</i>

OR

CANCEL ENTIRE BOOKING? YES / NO FROM DATE: ____/____/____ (2 Weeks' Notice)

Do you wish to remain on the casual list? **YES / NO**

Are you leaving the Centre and require your **Bond** to be refunded? **YES / NO**

If YES please provide Banking Details BSB _____ Acc # _____

Account Name _____