COBURG WEST PRIMARY SCHOOL
OUT OF HOURS CHILD CARE PROGRAM

BOOKING REQUEST FORM 2027

Phone 0417 032 288/9384 6306

*This form **only** needs to be completed if you require **additional days** or **need to make any changes** for **2027**.*

Please fill in this form if you have a SIBLING commencing PREP in 2027 (separate form for siblings) and complete the OSHC enrolment form on the school's website.

CHILD/CHILDREN'S NAME/S.....

NAME OF PARENT/GUARDIAN .....

CONTACT PHONE NOS. Home/Mobile…….

REASON FOR NEEDING CARE: (Please circle)

1. Child of serious abuse or neglect

2. Child's parent/s satisfy the work/ training study test

3. Other reason / Specify……

YOUR PERMANENT PLACES IN 2026 WILL CONTINUE INTO 2027.

PLEASE CIRCLE ANY EXTRA DAY/ DAYS YOUR CHILD / CHILDREN WILL REQUIRE BEFORECARE IN 2027. (Please **do not** include your existing days this year) MONDAY A.M. TUESDAY A.M. WEDNESDAY A.M. THURSDAY A.M. FRIDAY A.M. ***PLEASE INDICATE THE DAYS YOU NO LONGER REQUIRE FOR 2027** **……...** **……...**	**PLEASE CIRCLE ANY EXTRA DAY/DAYS YOUR CHILD / CHILDREN WILL REQUIRE AFTERCARE IN 2027**. (Please **do not** include your existing days this year) MONDAY P.M. TUESDAY P.M. WEDNESDAY P.M. THURSDAY P.M. FRIDAY P.M. ***PLEASE INDICATE THE DAYS YOU NO LONGER REQUIRE FOR 2027** **……...** **……...**

Your child/'s names will be placed on our waiting list in order of receipt.