

Cambridge Primary School OSHC

Change of Details

Child/Children's Name: _____

Parent/Guardian Name: _____

CHANGE OF CONTACT DETAILS

| | |
|----------|--|
| Phone: | |
| Address: | |
| Email: | |

CHANGE OF ADDITIONAL CONTACTS / COLLECTION

| Name | Number | Relationship |
|------|--------|--------------|
| | | |

MEDICAL / DIETARY REQUIREMENTS

| | | |
|----------------------|----------|----------|
| Medical Conditions | Yes/No | Details: |
| Dietary Requirements | Yes / No | |

2020 BOOKING

Booking /Cancellation (Please circle)

Please circle new days of care or days to be cancelled.

| Monday (circle) | Tuesday (circle) | Wednesday (circle) | Thursday (circle) | Friday (circle) |
|--------------------|---------------------|-----------------------|----------------------|--------------------|
| BSC / ASC | BSC / ASC | BSC / ASC | BSC / ASC | BSC / ASC |

Commencing on ____/____/____

** Bookings are subject to availability.

Signature: _____

Date: _____

Entered on Qikids: Signed: _____