PARK ORCHARDS LEARNING CENTRE INC. CHILDCARE BOOKING FORM TERM 1, 2012

Family Name: .....

Home Phone: ..... Mobile: .....

Email: .....

Childs Name: ..... Age: .....

MONDAY 9am - 2pm		TUESDAY 9 -2pm		WEDNESDAY 9-1pm		THURSDAY 9 -1pm		FRIDAY 9 –2pm	
6th Feb		7th Feb		8th Feb		9th Feb		10th Feb	
13th Feb		14th Feb		15th Feb		16th Feb		17th Feb	
20th Feb		21st Feb		22nd Feb		23rd Feb		24th Feb	
27th Feb		28th Feb		29th Feb		1st Mar		2nd Mar	
5th Mar		6th Mar		7th Mar		8th Mar		9th Mar	
Labour Day		13th Mar		14th Mar		15th Mar		16th Mar	
19th Mar		20th Mar		21st Mar		22nd Mar		23rd Mar	
26th Mar		27th Mar		28th Mar		29th Mar		30th Mar	

Second Childs Name ..... Age: .....

MONDAY 9am - 2pm		TUESDAY 9 -2pm		WEDNESDAY 9-1pm		THURSDAY 9 -1pm		FRIDAY 9 –2pm	
6th Feb		7th Feb		8th Feb		9th Feb		10th Feb	
13th Feb		14th Feb		15th Feb		16th Feb		17th Feb	
20th Feb		21st Feb		22nd Feb		23rd Feb		24th Feb	
27th Feb		28th Feb		29th Feb		1st Mar		2nd Mar	
5th Mar		6th Mar		7th Mar		8th Mar		9th Mar	
Labour Day		13th Mar		14th Mar		15th Mar		16th Mar	
19th Mar		20th Mar		21st Mar		22nd Mar		23rd Mar	
26th Mar		27th Mar		28th Mar		29th Mar		30th Mar	

Monday, Tuesday and Friday 9.00am- 2.00pm @ $37.00 per session, per child.

Wednesday & Thursday 9.00am-1.00pm @ $30.00, per session, per child.

PAYMENT BY CREDIT CARD

Cardholder Name: ..... Type of Card: Visa/ MasterCard

Card Number: ...../...../...../..... Expiry Date: ...../.....

Cardholder's Signature: .....

OFFICE USE ONLY:		
Receipt No:	**Date Paid:**	**Amount Paid: $**
Cash	**Card**	**Cheque no:**