

2024 EASTWOOD HEIGHTS OOSH BOOKING FORM



Child/rens name _____ Year _____

Parent / Guardian Signature _____

Date __/__/__ **This booking is to start** WEEK TERM 2024

PERMANENT BOOKING (please tick required session/s)

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM