



Leanyer School OSHC

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ABN 98 706 024 048

Booking Form – April Vacation Care 2025

Child Full Name: _____

Date of Birth: _____

Please indicate the days you require

7 th – 11 th April				
Monday	Tuesday	Wednesday	Thursday	Friday

Pupil Free day (14th April) Monday

Does Child require medication while attending the service: Yes No

Medication Name: _____

Medication Expiry: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _____

Mobile: _____

Parent/Guardian 2: _____

Mobile: _____

Parent Signature: _____