



## Term 2, 2016 Booking Sheet

Child/ren's Name: .....

Please tick the days you require care and return to Jenny ASAP to ensure your place.

	<b>Mon</b>		<b>Tues</b>		<b>Wed</b>		<b>Thurs</b>		<b>Fri</b>	
<b>Week 1</b> 2/5 – 6/5	am	pm	am	pm	am	pm	am	am	pm	am
<b>Week 2</b> 9/5 – 13/5	am	pm	am	pm	am	pm	am	pm	am	pm
<b>Week 3</b> 16/5 – 20/5	am	pm	am	pm	am	pm	am	pm	am	pm
<b>Week 4</b> 23/5 – 27/5	am	pm	am	pm	am	pm	am	pm	am	pm
<b>Week 5</b> 30/5 – 3/6	am	pm	am	pm	am	pm	am	pm	am	pm
<b>Week 6</b> 6/6 – 10/6	am	pm	am	pm	am	pm	am	pm	am	pm
<b>Week 7</b> 13/6 – 17/6			am	pm	am	pm	am	pm	am	pm
<b>Week 8</b> 20/6 – 24/6	am	pm	am	pm	am	pm	am	pm	am	pm
<b>Week 9</b> 27/6 – 1/7	am	pm	am	pm	am	pm	am	pm	am	pm
<b>Week 10</b> 4/7 – 8/7	am	pm	am	pm	am	pm	am	pm	am	pm