



Leanyer School OSHC

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ABN 98 706 024 048

Booking Form – September Vacation Care

Child Full Name:

Date of Birth:

Please indicate the days you require:

Week 1 (23/09/2024 - 27/09/2024)				
M	T	W	T	F

Please indicate the days you require:

Week 2 (30/09/2024 - 4/10/2024)				
M	T	W	T	F

Pupil Free Day (7/10/2024)

Does your 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: _____