

**ST MARY'S OSHC  
TRANSFERRED BOOKING FORM**

**I WISH TO TRANSFER MY CHILD'S BOOKING**

**SURNAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

For split accounts ... MUM / DAD account ... please circle

For WEEK \_\_\_\_\_: TERM: \_\_\_\_: YEAR \_\_\_\_\_:

**TRANSFERRING A PERMANENT BOOKING**

Please use the following initials to indicate your transfer requirements

+T....transfer to -T.....transfer from

**NB: Transferred bookings are a 1 week change only.**

	MON	TUES	WED	THUR	FRI
A.M.					
P.M.					

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_/\_\_/\_\_

Once complete, please email to [info@stmarysoshc.com.au](mailto:info@stmarysoshc.com.au) or  
return in person to the Centre Director.