CCS Service Permaner	ce Id 190 (nt Booking)15 709A g Form: Be	State Scho	After Scho	ol Care	vice: Mayf	ield State <u>2026</u>	School OS	HC		
Child's no	ame (C2)										
Child's no	ame (C3)										
Child's no	ame (C4)										
Start Date	e				End D	ate					
			chool Care Session After School Care Session 9.00am 3.00pm – 6.00pm								
	mon	tues	wed	thu	fri	mon	tues	wed	thu	fri	
C1											
C2											
C3											
C4											
Notes											
Approve CCS Serv Permane Child's r Child's r	ed Providice Id 190 ent Bookin name (Coname (C	ler: Mayi 015 709A ng Form: I	field State	e School I After Sc	P & C As		ce: Mayf	ield State <u>2026</u>			
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booking	if you let u	is know 7 d		e attenda	ince. Afte	nd agree to r that, whet nt.					

Signature of parent/guardian ______ Date _____