SPORT WAITAKERE

Waitakere City

OSCN Out of School Care Network

HOLIDAY PROGRAMME SIGN IN - SIGN OUT FORM

Date:_____

Day:_____

NAME OF CHILD	ARRIVAL		DEPARTURE	
	Time	Signature	Time	Signature

SPORT WAITAKERE

Waitakere City

OSCN Out of School Care Network

AFTER SCHOOL ACTIVITIES AND HOLIDAY PROGRAMME BOOKINGS & ATTENDANCES SHEET

Name of Programme: _____

Term: _____ **(199)**

Week No: _____ **Date Week Ending:** _____

Page No: _____

School	Name	Mon		Tue		Wed		Thu		Fri		Total No.
		Booked		Booked		Booked		Booked		Booked		

Fees per Sess.	Daily Fee	Weekly Fee
1 Child	$	$
2 Children	$	$
3 Children	$	$

SPORT WAITAKERE

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OSCN Out of School Care Network

WEEKLY RECORD OF FEES

Name of Programme : _____ **Date Week Ending :** _____

Term _____ **(199)** **Page No :** _____ **Week No :** _____

Age	Child's Name	Total No. of Sessions per Week	Weekly Fee Due $	Brought Forward Credit/ Debit	Total Amount Due $	Amount Paid $	Receipt Number	Carry Forward Credit/ Debit
	TOTALS							

SPORT WAITAKERE

Waitakere City

OSCN Out of School Care Network

AFTER SCHOOL ACTIVITIES SIGN OUT FORM

Programme Name: _____ **Term** _____ **(199)**

Week No: _____ **Date Week Ending:** _____

Name	Monday		Tuesday		Wednesday		Thursday		Friday	
	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature

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HOLIDAY PROGRAMME MONTHLY FIGURES SHEET

Programme: _____ Venue: _____

Programme Leader: _____ Date: _____

A TOTAL ATTENDANCES

Week No.	Date From	Date To	Mon	Tue	Wed	Thurs	Fri	Total
1								
2								
3								
4								
5								
			Total Holiday Programme Attendance					
			Year to Date Total					
			New Enrolments/Participants					

B VOLUNTEER BREAKDOWN

Volunteer Names	Phone No.'s	WEEKLY TOTAL of HRS. WORKED						Prog. Total	Programme Leader Signature
		Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6		
1.									
.									
3.									
4.									
5.									
6.									

C TRAINING

Date	Venue	Topic(s) of Training Days	Time

SPORT WAITAKERE · Waitakere City · OSCN Out of School Care Network

AFTER SCHOOL ACTIVITIES MONTHLY FIGURES SHEET

Programme: _____

Programme Leader: _____ Date: _____

TERM: _____

A TOTAL ATTENDANCES

Week No.	Mon	Tue	Wed	Thurs	Fri	Total
			Total Monthly Attendance			
			Year to Date Total			
			New Enrolments/Participants			

B VOLUNTEER BREAKDOIWN

Volunteers Names	Phone No.'s	HOURS WORKED				Monthly Total	Programme Leader Signature
		Wk No.	Wk No.	Wk No.	Wk No.		
1.							
2.							
3.							
4.							
5.							
6.							

C TRAINING

Date	Venue	Topic(s) of Training Days	Time