CASUAL CARE AUTHORISATION Newtown				CASUAL CARE AUTHORISATION Newtown						CASUAL CARE AUTHORISATION Newtown							
Name of child	l:					Name of child	l:					Name of child:					
Date care commences:  Date care finishes:					Date care commences:						Date care commences:						
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Please tick the child into the c		you ar	e book	king yo	our	Please tick the child into the c		you ar	e book	king yo	our	Please tick the		you ar	e book	king yo	our
Week Commencing	Mon	Tue	Wed	Thu	Fri	Week Commencing	Mon	Tue	Wed	Thu	Fri	Week Commencing	Mon	Tue	Wed	Thu	Fri
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Parent's Signature:				Parent's Signature:					Parent's Signature:								
Date					Date					Date							