Dalmuir Out of School Care Group (DOSCG)
Term Time usage form

Name of your child:	Reference number:
Start Date:	Leaving date:
Reason for Leaving:	School child will be attending:

	Required days	
	Morning	**Afternoon**
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Parents signature:	Date:	
Project Co-ordinators signature:	Date:	

Reviewed form August 2020