

EAST ADELAIDE OUT OF SCHOOL HOURS CARE
Vacation Care Booking & Excursion Consent Form
Monday the 17 December 2018 until Friday 25 January 2019

Child/ren's Surname _____

Child/ren's Name _____

NOTE: To ensure a quick and smooth process, when choosing to email your enrolment form please provide a clear copy of your form.

**PLEASE BOOK YOUR CHILD IN BASED ON
2018 YEAR LEVEL**

Please select the following which best applies to you:

- Single working/studying Parent
- Working/Studying Parents
- Aboriginal/Torres Strait Islander East Adelaide Student
- Children in families that include a person with a disability
- Children with non-English speaking background
- East Adelaide Student
- Non- East Adelaide Student

**Bookings open
on Monday 3
December
7.15am!!**

WEEK ONE	GROUP ONE Reception – Year 2	GROUP TWO Year 3 – Year 7
Monday 17 December	Name	Name
Home Day		
Tuesday 18 December	Name	Name
Excursion		
Wednesday 19 December	Name	Name
Home Day		
Thursday 20 December	Name	Name
Excursion		
Friday 21 December	Name	Name
Incursion		

WEEK TWO	GROUP ONE Reception – Year 2	GROUP TWO Year 3 – Year 7
Monday 24 December		
OSHC CLOSED		
Tuesday 25 December		
OSHC CLOSED		
Wednesday 26 December		
OSHC CLOSED		
Thursday 27 December		
OSHC CLOSED		
Friday 28 December		
OSHC CLOSED		

WEEK Three	GROUP ONE Reception – Year 2	GROUP TWO Year 3 – Year 7
Monday 31 December		
OSHC CLOSED		
Tuesday 1 January		
OSHC CLOSED		
Wednesday 2 January		
OSHC CLOSED		
Thursday 3 January		
OSHC CLOSED		
Friday 4 January		
OSHC CLOSED		

WEEK FOUR	GROUP ONE Reception – Year 2	GROUP TWO Year 3 – Year 7
Monday 7 January	Name	Name
Home Day		
Tuesday 8 January	Name	Name
Excursion		
Wednesday 9 January	Name	Name
Excursion		
Thursday 10 January	Name	Name
Incurion		
Friday 11 January	Name	Name
Incurion		

WEEK FIVE	GROUP ONE Reception – Year 2	GROUP TWO Year 3 – Year 7
Monday 14 January	Name	Name
Incurion		
Tuesday 15 January	Name	Name
Incurion		
Wednesday 16 January	Name	Name
Excursion		
Thursday 17 January	Name	Name
Excursion		
Friday 18 January	Name	Name
Home Day		

WEEK 6	GROUP ONE Reception – Year 2	GROUP TWO Year 3 – Year 7
Monday 21 January	Name	Name
Excursion		
Tuesday 22 January	Name	Name
Home Day		
Wednesday 23 January	Name	Name
Excursion		
Thursday 24 January	Name	Name
Incurion		
Friday 25 January	Name	Name:
Home Day		

Please initial each condition/consent to show that you have read and understand the terms and conditions.

I give permission for my children to participate in any of the activities indicated on the program and to travel by bus to the destinations indicated on the program.

I have made OSHC aware of any changes to my contact information and/or child's medical needs.

I give permission for my children to be photographed and for his/her image to be displayed at the service.

I am aware staff may need to change activities if necessary. Staff will endeavour to notify families in advance if this occurs.

I am aware of the service's cancellation policy.

I will make payments in full of any outstanding fees prior to the start of Vacation Care and will ensure I have paid the final Vacation Care amount by week 4 of next Term.

I give permission for my child to watch PG movies under the guidance of OSHC staff.

****Please note 4 year olds can only attend Vacation Care if they are currently in Reception****

PARENT/CAREGIVER NAME _____

PARENT/CAREGIVER SIGNATURE _____

DATE ____/____/____

THIS FORM CAN BE EMAILED TO: dl.1036.oshc@schools.sa.edu.au or submitted directly to OSHC – PHONE BOOKINGS NOT ACCEPTED

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