

EAST ADELAIDE OUT of SCHOOL HOURS CARE
Vacation Care Booking & Excursion Consent Form
Monday the 10th July through to the 21st July 2017

Child/ren's Surname _____

Child/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 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

WEEK ONE	GROUP ONE 4 - 7 years	GROUP TWO 8 – 13 years
Monday 10th July	Name	Name
Excursion		
Tuesday 11th July	Name	Name
Home Day		
Wednesday 12th July	Name	Name
Excursion		
Thursday 13th July	Name	Name
Excursion		
Friday 14th July	Name	Name
Home Day		
WEEK TWO		
Monday 17th July	Name	Name
Home Day		
Tuesday 18th July	Name	Name
Excursion		
Wednesday 19th July	Name	Name
Excursion		
Thursday 20th July	Name	Name
Excursion		
Friday 21st July	Name	Name
Home		

Bookings open on the 19th June 7:30am

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 I have indicated.

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 services 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.

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE ____/____/____

THIS FORM CAN BE EMAILED TO: dl.1036.oshc@schools.sa.edu.au or submitted directly to OSHC

Bookings open on the 27th March 7:30am