

**EAST ADELAIDE OUT of SCHOOL HOURS CARE**  
**Vacation Care Booking & Excursion Consent Form**  
**Monday 2 October to Friday 13 October 2017**

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 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
<b>Monday 2 October</b>		
PUBLIC HOLIDAY		
<b>Tuesday 3 October</b>	Name	Name
Excursion		
<b>Wednesday 4 October</b>	Name	Name
Excursion		
<b>Thursday 5 October</b>	Name	Name
Excursion		
<b>Friday 6 October</b>	Name	Name
Home Day		
<b>WEEK TWO</b>		
<b>Monday 9 October</b>	Name	Name
Home Day		
<b>Tuesday 10 October</b>	Name	Name
Home Day		
<b>Wednesday 11 October</b>	Name	Name
Excursion		
<b>Thursday 12 October</b>	Name	Name
Excursion		
<b>Friday 13 October</b>	Name	Name
Excursion		

**Bookings open on 18 of September 2017**

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

*I give permission for my child/ren 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 OSHC*

\_\_\_\_\_

*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 rated movies under the guidance of OSHC staff.*

\_\_\_\_\_

PRINT PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS FORM CAN BE EMAILED TO: [dl.1036.oshc@schools.sa.edu.au](mailto:dl.1036.oshc@schools.sa.edu.au) or submitted directly to OSHC**

**Bookings open on 18 September 2017**