

**EAST ADELAIDE OUT of SCHOOL HOURS CARE**  
**Vacation Care Booking & Excursion Consent Form**  
**Tuesday 14<sup>th</sup> April through to Friday 24<sup>th</sup> April**

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

<b>WEEK ONE</b>	<b>GROUP ONE</b> Reception – Year 2	<b>GROUP TWO</b> Year 3 – Year 7
<b>Monday 13<sup>th</sup> April</b>		
Public Holiday – OSHC Closed		
<b>Tuesday 14<sup>th</sup> April</b>	<b>Name</b>	<b>Name</b>
Incurion (G1 and G2)		
<b>Wednesday 15<sup>th</sup> April</b>	<b>Name</b>	<b>Name</b>
Incurion (G1) Excursion (G2)		
<b>Thursday 16<sup>th</sup> April</b>	<b>Name</b>	<b>Name</b>
Excursion (G1) Home Day (G2)		
<b>Friday 17<sup>th</sup> April</b>	<b>Name</b>	<b>Name</b>
Excursion (G1 and G2)		
<b>WEEK TWO</b>		
<b>Monday 20<sup>th</sup> April</b>	<b>Name</b>	<b>Name</b>
Home Day (G1 and G2)		
<b>Tuesday 21<sup>st</sup> April</b>	<b>Name</b>	<b>Name</b>
Incurion (G1) Excursion (G2)		
<b>Wednesday 22<sup>nd</sup> April</b>	<b>Name</b>	<b>Name</b>
Incurion (G1) Excursion (G2)		
<b>Thursday 23<sup>rd</sup> April</b>	<b>Name</b>	<b>Name</b>
Excursion (G1) Incurion (G2)		
<b>Friday 24<sup>th</sup> April</b>	<b>Name</b>	<b>Name</b>
Excursion (G1 and G2)		

**Bookings open on Mon 23 March 2020 from 7:15am**

**Please initial each condition/consent to show that you have read and understood 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 medicine.*

\_\_\_\_\_

*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.*

\_\_\_\_\_

*I understand my child must arrive by 9am on excursion days and that failure to do so may result in missing the excursion and being charged for this day.*

\_\_\_\_\_

***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](mailto:dl.1036.oshc@schools.sa.edu.au) or submitted directly to OSHC**

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