

## OSHC Centre Vacation Care Program

### December 2020/January 2021 School Holidays

Student Name: \_\_\_\_\_ Home Class: \_\_\_\_\_

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Date	Activity	Cost <i>per child</i>	Number of children attending	Cost – Enter for days attending
Friday 4 December	Games Day	\$55	_____	_____
Monday 7 December	Excursion: 'The Croods 2' Movie	\$68	_____	_____
Tuesday 8 December	Excursion: Skating, St Clair Recreation Centre	\$68	_____	_____
Wednesday 9 December	Disco!	\$55	_____	_____
Thursday 10 December	Excursion: Princess Elizabeth Playground	\$55	_____	_____
Friday 11 December	It's Beginning to Look a Lot Like Christmas	\$55	_____	_____
Monday 18 January	Excursion: Gorge Wildlife Park	\$68	_____	_____
Tuesday 19 January	Excursion: 'Dragon Rider' Movie	\$68	_____	_____
Wednesday 20 January	Excursion: Kingpin Bowling, Norwood	\$68	_____	_____
Thursday 21 January	Bring Your Wheels	\$55	_____	_____
Friday 22 January	Excursion: Helicopter Park, North Adelaide	\$55	_____	_____
Monday 25 January	Let's Celebrate Australia Day	\$55	_____	_____
<b>Total Cost:</b>				_____

**PERMISSION:** I give permission for my child/ren to participate in programmed incursions/excursions and any short walking excursions near the school, including transport by bus or tram as required. I give my permission for my child/ren to be photographed by OSHC staff and photos/video displayed within the College for promotional use to reinforce the concepts of being, belonging and becoming in our community.

**CANCELLATION:** I understand that if I cancel a booking, the fee for that day will remain and is claimable through the Child Care Subsidy (CCS). In the case of illness, I will provide a medical certificate so that the fee for the day can be credited/refunded to my nominated account. **I will call the OSHC Centre (8217 3254) directly between 8:00am and 9:00am to notify the OSHC Director on the day.**

**SIGNING IN/OUT:** I understand that it is my responsibility to ensure my child/ren is/are signed in and out daily.

**MEDICAL INFORMATION:** Please list any medical conditions and necessary treatment:

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In the event of my child receiving injuries requiring urgent medical attention, I authorise the seeking of that medical attention and agree to pay all costs incurred on behalf of my child.

**CONTACT NUMBERS DURING VACATION CARE:**

**Parent/Caregiver**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

**Other Contact (please circle): Parent, Grandparent, Carer, Other** (please specify): \_\_\_\_\_

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

**As parent/caregiver, I agree to the terms and conditions as listed.**

Parent/Carer Signature: \_\_\_\_\_