

OSHC Centre Vacation Care Program

2024 April School Holidays Booking Form

Student Name: _____ Home Class: _____

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Date	Activity	Cost <i>per child</i>	Number of children attending	Cost – Enter for days attending
Monday 15 th April	Excursion: Road Safety Centre	\$75		
Tuesday 16 th April	Nature Exploration	\$55		
Wednesday 17 th April	Let's Visit Germany	\$55		
Thursday 18 th April	MasterChef Bake-Off	\$55		
Friday 19 th April	Excursion: Woodhouse Adventure Park	\$75		
Monday 22 nd April	Incursion: Animals Anonymous	\$75		
Tuesday 23 rd April	Careers Day	\$55		
Wednesday 24 th April	Wheels Day	\$55		
Friday 26 th April	Excursion: The Little Mermaid Jr	\$75		
Total Cost:				

For each excursion that your child/children will attend, please complete below:

(1) Excursion: Road Safety Centre, Adelaide on Monday 15 April

I give consent for my child/children to attend the excursion to SAPOL Road Safety Centre, Adelaide, including a stop at Bonython Park for lunch. I consent for my child/ren to travel to and from the venue via school bus.

Parent/Caregiver Signature:	Date:
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(2) Excursion: Woodhouse Adventure Park, Piccadilly on Friday 19 April

I give consent for my child/children to attend the excursion to Woodhouse Adventure Park, Piccadilly and to travel to and from the venue via chartered bus.

Parent/Caregiver Signature:	Date:
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(3) Incursion: Animals Anonymous on Monday 22 April

I give consent for my child/ren to participate in the Animal Anonymous incursion, including the handling and observation of Australian wildlife animals under the guidance of OSHC educators and wildlife demonstrators.

Parent/Caregiver Signature:	Date:
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(4) Excursion: Futures Theatre, Paradise on Friday 26 April

I give consent for my child/children to attend the excursion to Futures Theatre, Paradise to watch the play 'The Little Mermaid Jr', including a stop to Paradise Recreation Plaza for lunch. I consent for my child/ren to travel to and from the venue via chartered bus.

Parent/Caregiver Signature:	Date:
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Declaration:

I have read, understood, and agree to the centre's vacation care policies. I am aware of the programmed days, and the departure and arrival times for excursions. I understand my child must arrive to OSHC no later than 8:30am on an excursion day.

Sun safety:

I understand that my child requires a SAC hat for excursions and outside play and will ensure my child has one at OSHC. I understand that my child's ability to participate in outside programs if no hat is supplied. I agree to notify the OSHC centre if my child is sensitive to sunscreen and will provide the necessary sunscreen to OSHC for my child to use.

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 for my child/ren so that the fee for the day can be credited/refunded/cancelled. **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. I acknowledge that I must use my own allocated PIN for sign in/out, and not share this with another individual.

Medical Information:

Please list any medical conditions and necessary treatment:

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In the event of my child/ren 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/ren.

I understand that I must update or provide any outstanding medical documentation for my requested by the OSHC service outlined in National Regulation 90 and 95, and that failure to provide what has been requested may impact my requested bookings.

Contact Numbers during Vacation Care:

Parent/Caregiver Contact Details	
Full Name:	Email Address:
Mobile Number:	Other Telephone Number:

Other Contact: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Caregiver <input type="checkbox"/> Other – please specify:	
Full Name:	Email Address:
Mobile Number:	Other Telephone Number:

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

Signature:	Date:
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