

Please ensure you read consents and agreements on the final page of this booking form.

Prospect Primary School Out Of School Hours Care Vacation Booking Consent Form

Child/ren's Name(s): _____ Date of Booking _____

I am booking my child/ren into vacation care on the following days. I give consent for my child/ren to participate in all of the activities on the days booked.

Thank-you.

Parent Name: _____

Parents sign each day you are booking care for and state children attending on each day
(if not attending the same days)

Week 1:

| | | |
|-----------|-----------------------------------|-----------------------|
| Monday | 14 th of December 2020 | Booked & Signed _____ |
| Tuesday | 15 th of December 2020 | Booked & Signed _____ |
| Wednesday | 16 th of December 2020 | Booked & Signed _____ |
| Thursday | 17 th of December 2020 | Booked & Signed _____ |
| Friday | 18 th of December 2020 | Booked & Signed _____ |

Week 2:

| | | |
|-----------|---------------------------------|-----------------------|
| Monday | 4 th of January 2021 | Booked & Signed _____ |
| Tuesday | 5 th of January 2021 | Booked & Signed _____ |
| Wednesday | 6 th of January 2021 | Booked & Signed _____ |
| Thursday | 7 th of January 2021 | Booked & Signed _____ |
| Friday | 8 th of January 2021 | Booked & Signed _____ |

Week 3:

| | | |
|-----------|----------------------------------|-----------------------|
| Monday | 11 th of January 2021 | Booked & Signed _____ |
| Tuesday | 12 th of January 2021 | Booked & Signed _____ |
| Wednesday | 13 th of January 2021 | Booked & Signed _____ |
| Thursday | 14 th of January 2021 | Booked & Signed _____ |
| Friday | 15 th of January 2021 | Booked & Signed _____ |

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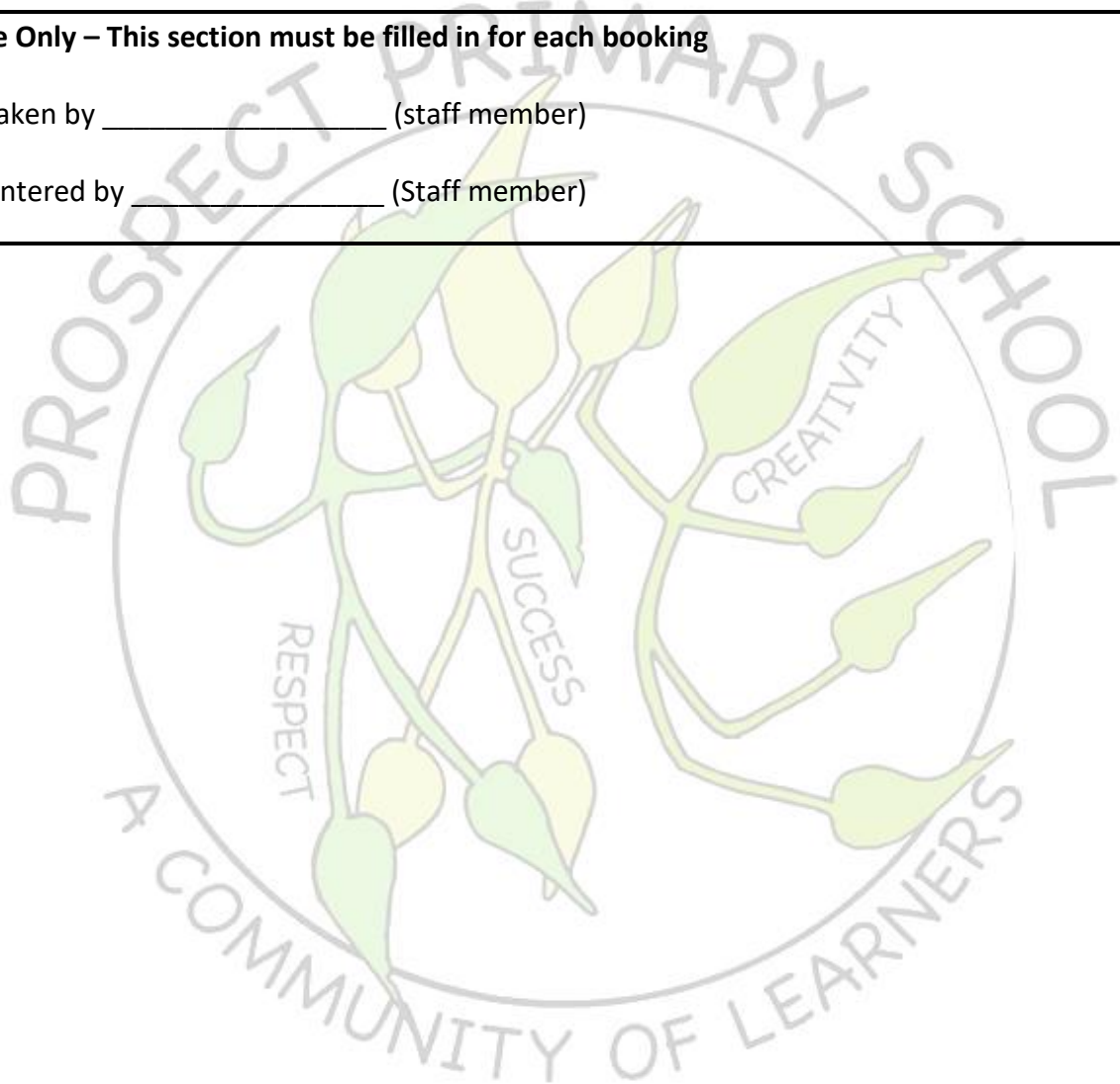
Week 4:

| | | |
|-----------|----------------------------------|-----------------------|
| Monday | 18 th of January 2021 | Booked & Signed _____ |
| Tuesday | 19 th of January 2021 | Booked & Signed _____ |
| Wednesday | 20 th of January 2021 | Booked & Signed _____ |
| Thursday | 21 st of January 2021 | Booked & Signed _____ |
| Friday | 22 nd of January 2021 | Booked & Signed _____ |

Office Use Only – This section must be filled in for each booking

Booking taken by _____ (staff member)

Booking Entered by _____ (Staff member)



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Consents and Agreements:

Activities Consents:

- I consent for my child to participate in all of the activities on the days I have booked.
- I give permission for my child to participate in supervised walks/visits to the local shops, parks, library etc. as part of the OSHC program.

Medical Consents and agreements:

- I consent that the medical details, action plan(s), and medication(s) the OSHC have on site are current and in date. If necessary, I have attached details of any additional health support he/she requires to undertake the programmed activities safely.
- In the case of an emergency or unexpected circumstances I give supervising educators the permission to drive my child in a private vehicle. I will be made aware if such an event needs to occur. I understand that neither the OSHC, school nor the DfE accepts responsibility for any claims which may result from a vehicle accident.
- In the event of an accident or illness, and when contact with me being is impracticable or impossible, I authorise educators to arrange for an ambulance. I will pay all medical and dental expenses incurred on behalf of my child.
- The information given is accurate to the best of my knowledge.

Arrival and Collection Agreements:

- I agree to drop my child off at OSHC by the stated time. I understand and agree that if I fail to do so and the bus departs without my child the OSHC cannot take duty of care of my child and I will need to arrange alternate care.
- I agree to collect my child/ren by 6:15pm. I understand that if I am late to collect my child/ren a **\$50.00** fee for every 15 minute interval will be applied for cover cost recovery.

Booking and Cancellation Agreements:

- I agree that if I need to make an additional booking after I have submitted my booking form, I will text-message the OSHC with the details of the additional booking. I accept that if I fail to do so my child will not be able to attend OSHC on this day.
- I agree to pay **\$50.00** for an incursion.
- I agree to notify the OSHC via text-message **48 hours** before the booking is to commence (i.e. by 7.00am two days before). I accept that if I fail to do so that I will be charged the full fee.

Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the OSHC if you wish to discuss any health care problems.

Signed:

Date: / /