

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/Caregiver Name: _____

(Parent/Caregiver sign each day care is required)

Week 1:

Monday 15th April 2024 Booked & Signed _____

Tuesday 16th April 2024 Booked & Signed _____

Wednesday 17th April 2024 Booked & Signed _____

Thursday 18th April 2024 Booked & Signed _____

Friday 19th April 2024 Booked & Signed _____

Week 2:

Monday 22nd April 2024 Booked & Signed _____

Tuesday 23rd April 2024 Booked & Signed _____

Wednesday 24th April 2024 Booked & Signed _____

Thursday 25th April 2024 **Public Holiday – CLOSED**

Friday 26th April 2024 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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Government of South Australia

Department for Education

Consents and Agreements:

Activities Consents:

- I consent for my child/ren to participate in all of the activities on the days I have booked.

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 my child/ren require/s 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/ren in a private vehicle. I will be made aware if such an event needs to occur. I understand that neither the OSHC, Prospect Primary School nor the Department for Education accepts responsibility for any claims which may result from a vehicle accident.
- In the event of an accident or illness, and when contact with myself 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/ren.
- The information given is accurate to the best of my knowledge.

Arrival and Collection Agreements:

- 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 per child for every 15-minute interval will be applied to cover the late fee.

Booking and Cancellation Agreements:

- I agree that if I need to make an additional booking after I have submitted my booking form, I will inform the OSHC with the details of the additional booking via text message. 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 **\$55.00** for a home day, **\$60.00** for an incursion day and **\$65.00** for an excursion day.
- I agree to notify the OSHC via text-message by **1st April 2024** of any cancellations to care for my child/ren and I accept that if I fail to do so that I will be charged the full session 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 OSHC will be treated confidentially. Such information is sought in order to protect and assist the child/ren so the activity may be a safe and enjoyable experience. Please contact OSHC if you wish to discuss any health care problems.

Signed:

Date: / /