Please ensure you read consents and agreements on the final page of this booking form prior to signing and submitting

Prospect Primary School OSHC
Vacation Care 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, incursions, excursions on the program and to travel by private coach on the days booked.
Thank-you.

Parent/Caregiver Name: _____
(Parent/Caregiver sign each day care is required)

Week 1:

Monday	**28th Sep 2026**	**Booked & Signed _____**
Tuesday	**29th Sep 2026**	**Booked & Signed _____**
Wednesday	**30th Sep 2026**	**Booked & Signed _____**
Thursday	**1st Oct 2026**	**Booked & Signed _____**
Friday	**2nd Oct 2026**	**Booked & Signed _____**

Week 2:

Monday	**5th Oct 2026**	**Vacation Care Closed – Public Holiday**
Tuesday	**6th Oct 2026**	**Booked & Signed _____**
Wednesday	**7th Oct 2026**	**Booked & Signed _____**
Thursday	**8th Oct 2026**	**Booked & Signed _____**
Friday	**9th Oct 2026**	**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

ED170
Updated:
17/8/26

Consents and Agreements:

Activities Consents:

- I consent for my child/ren to participate in all of the activities, incursions and excursions on the days I have booked and that my child/ren will travel by walking or private bus equipped with seatbelts for excursions.

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 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 10-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, including written consent to attend incursions, excursions or to walk or travel by private bus. 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 **$70.00** for a home day, **$85.00** for an incursion day and **$85.00** for an excursion day.
- I agree to notify the OSHC via text-message by **13th September 2026** 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 concerns.
For risk assessments, policies and procedures for Vacation Care please speak with OSHC Leadership

Signed: _____ Date: / /