

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

Prospect Primary School Outside School Hours Care 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 and excursion on the days booked. I consent to my child/ren walking or travelling by seatbelt equipped private bus for excursions.

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 16th of December 2024 Booked & Signed _____

Tuesday 17th of December 2024 Booked & Signed _____

Children must arrive by 8.30am (Tuesday, 17th December)

Wednesday 18th of December 2024 Booked & Signed _____

Thursday 19th of December 2024 Booked & Signed _____

Children must arrive by 8.30am (Thursday, 19th December)

Friday 20th of December 2024 Booked & Signed _____

We will now be closed for two weeks and reopen on Monday, 6th January at 7am

Week 2:

Monday 6th of January 2025 Booked & Signed _____

Tuesday 7th of January 2025 Booked & Signed _____

Children must arrive by 8.30am (Tuesday, 7th January)

Wednesday 8th of January 2025 Booked & Signed _____

Thursday 9th of January 2025 Booked & Signed _____

Children must arrive by 8.30am (Thursday, 9th January)

Friday 10th of January 2025 Booked & Signed _____

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Week 3:

Monday 13th of January 2025 Booked & Signed _____

Tuesday 14th of January 2025 Booked & Signed _____

Children must arrive by 8.30am (Tuesday, 14th January)

Wednesday 15th of January 2025 Booked & Signed _____

Thursday 16th of January 2025 Booked & Signed _____

Children must arrive by 8.30am (Thursday, 16th January)

Friday 17th of January 2025 Booked & Signed _____

Week 4:

Monday 20th of January 2025 Booked & Signed _____

Tuesday 21st of January 2025 Booked & Signed _____

Children must arrive by 8.30am (Tuesday, 21st January)

Wednesday 22nd of January 2025 Booked & Signed _____

Thursday 23rd of January 2025 Booked & Signed _____

Children must arrive by 8.30am (Thursday, 23rd January)

Friday 24th of January 2025 Booked & Signed _____

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

Booking taken by _____ (staff member)

Booking Entered by _____ (Staff member)



Government of South Australia
Department for Education

ED170
Updated:
8/11/24

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 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 \$60.00 for a home day, \$75.00 for an incursion day and \$75.00 for an excursion day.
- I agree to notify the OSHC via text-message by 1st December 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 the school 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 the OSHC if you wish to discuss any health care problems.

Signed:

Date: / /