**Vacation Care Booking Sheet**

Parent’s Name:_____________________________________

Children’s Names and Priority of Access:

1.________________________ P___

2.________________________ P___

3.________________________ P___

Please write each child’s name and their priority of access number.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon 1st October</td>
<td>PUBLIC HOLIDAY CLOSED</td>
</tr>
<tr>
<td>Tues 2nd October</td>
<td>Tues 9th October</td>
</tr>
<tr>
<td>Wed 3rd October</td>
<td>Wed 10th October</td>
</tr>
<tr>
<td>Thurs 4th October</td>
<td>Thurs 11th October</td>
</tr>
<tr>
<td>Fri 5th October</td>
<td>Fri 12th October</td>
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</tbody>
</table>

Do you have any further information? ..........................................................

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Please list any suggestions you have for upcoming Vacation Care Programs

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Incursion/Excursion Consent Form

I give permission for my child/ren to attend the following incursions/excursions. I am aware of arrival and departure times, modes of transport, child/staff ratios, policies and what my child/ren will need each day.

Signed______________________________     Date_________________

Emergency Contacts: (Please provide, even if you have done this before)
Name:                                    Home Phone:        Work/Mobile:
_______________________________________
_______________________________________

I have read and understood the centre’s policies on bookings, cancellations, payment, sun safety, water, nutrition, spending money, footwear, electronics and extreme weather. **YES / NO**

I give permission for my child/ren to use sunscreen supplied by OSHC, in the event that no sunscreen has been provided. **YES / NO**

I give permission for my child to be photographed participating in activities for the purpose of display inside the OSHC room and program documentation. **YES / NO**

I give permission for my child/ren to see a PG film at the movies **YES / NO**
At OSHC **YES / NO**

I certify that Seacliff OSHC has current information and documentation of my child/ren medical and dietary needs **YES/NO** (If no, UPDATE DIRECTOR IMMEDIATELY)

Bookings for Vacation Care are cut off at the end of the **Week 8 Term 2** and places will be allocated based on priority. In the event that a category is oversubscribed at the cut-off date, allocation of places will be on a first in basis. Bookings will be accepted after the cut-off date from all categories, however will be on a first in basis.

Parents are welcome to observe their children participating in Vacation Care activities, however we ask that this is limited to 30 minutes each day to minimise disruption to the program.

Bookings will not be accepted if the account is not at a nil balance by the end of week 8

Parent Signature:____________________ Date:_____________

Staff Signature:_____________________ Date:_____________