

## Vacation Care Booking Sheet

Last Name: \_\_\_\_\_

Children's Names:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Please mark the days that you would like your child/ren booked into care

Week 1		Week 2	
Mon 19th Dec		Mon 26th Dec	/
Tues 20th Dec		Tues 27th Dec	/
Wed 21st Dec		Wed 28th Dec	/
Thurs 22nd Dec		Thurs 29th Dec	/
Fri 23rd Dec		Fri 30th Dec	/

Week 3		Week 4	
Mon 2nd Jan	/	Mon 9th Jan	
Tues 3rd Jan	/	Tues 10th Jan	
Wed 4th Jan		Wed 11th Jan	
Thurs 5th Jan		Thurs 12th Jan	
Fri 6th Jan		Fri 13th Jan	

Week 5		Week 6	
Mon 16th Jan		Mon 23rd Jan	wet dry
Tues 17th Jan		Tues 24th Jan	
Wed 18th Jan		Wed 25th Jan	
Thurs 19th Jan		Thurs 26th Jan	/
Fri 20th Jan		Fri 27th Jan	

\*Please indicate if your child would like to do the wet or dry package for the Beachouse excursion on the 23rd of January\*

# Summer Vacation Care 2016/2017

## 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:

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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**

My child has an allergy to sunscreen. **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. **YES / NO**

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_