



Rose Park Primary School OSHC

April 2024 Vacation Care: Booking & Consent Form

Return completed form via email to oshc@roseparkps.com.au before **6pm Friday 5th April (Week 10 Term 1)**. Your bookings are only confirmed once you receive a booking confirmation email.

Child/ren's Name:

Please indicate below which day/s you would like to book in for:

| | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Monday 15/4/24 | <input type="checkbox"/> Tuesday 16/4/24 | <input type="checkbox"/> Wednesday 17/4/24 | <input type="checkbox"/> Thursday 18/4/24 | <input type="checkbox"/> Friday 19/4/24 |
| INCURSION Italian Fiesta | EXCURSION Playground Hop | INCURSION R-3 Road Safety Wheels Day EXCURSION 4-6 Road Safety Centre | INCURSION Healthy Kicks | Minecraft Day |
| <input type="checkbox"/> Monday 22/4/24 | <input type="checkbox"/> Tuesday 23/4/24 | <input type="checkbox"/> Wednesday 24/4/24 | Thursday 25/4/24 | <input type="checkbox"/> Friday 26/4/24 |
| Green Thumbs | EXCURSION Funtopia | Rock Out Wednesday | PUBLIC HOLIDAY OSHC CLOSED | Boot Camp |

Please indicate which Priority of Access category you fall under:

- Priority 1 – a child at risk of serious abuse or neglect
- Priority 2 – a child of a single parent who satisfies or of parents who both satisfy, the work, training, study test, under section 14 A New Tax System (Family Assistance) Act 1999
- Priority 3 – any other child

I understand:

- My child/ren MUST be signed in and out by either myself or an authorised person each day.
- Any outstanding Vacation Care fees will be paid within 7 days from date on the statement.
- I must provide my child with recess, lunch, snacks, water bottle and a hat everyday unless stated otherwise.
- The appropriate clothing and footwear must be worn as per the OSHC policy.

As the parent/guardian, I agree to abide by the terms and conditions that are outlined in the Rose Park Primary School Vacation Care program.

Parent/Guardian Name: Signature:

Relationship to Child/ren: Date:

Current Contact Number:



By signing the Authorisations below, I agree to and understand the following:

- My child has permission to attend the excursion unless I withdraw my consent in writing which I may do at any time prior to the excursion
- I am listed on the child's Enrolment Form as a parent/guardian or an authorised person to consent to excursions named on the enrolment form
- I have read all the excursion details and understand I can view the Excursion Risk Assessment and Excursion policies and procedures at the service at any time.

| | | | |
|----------------------------------|--|-------------------------------|-------------|
| Excursion Date | Tuesday 16 th April 2024 | | |
| Destination & Address | Hart's Mill Playground (9 Mundy St, Port Adelaide) – St Kilda Playground (470 St Kilda Rd, St Kilda) – Thorndon Park Playground (Hamilton Tce, Paradise) | | |
| Departure Time | 8:45am | Expected Attendance | 64 children |
| Return Time | 4:00pm | Number of Educators | 8 |
| Mode of Transport | Private Bus | Educator : Child Ratio | 1:8 |

I/We give permission for

to travel with Rose Park OSHC by Private Bus.

Parent/Guardian Name:

Signature:

| | | | |
|----------------------------------|---|-------------------------------|-------------|
| Excursion Date | Wednesday 17 th April 2024 | | |
| Destination & Address | Road Safety Centre, Port Road, Adelaide SA 5000 | | |
| Departure Time | 9:00am | Expected Attendance | 30 children |
| Return Time | 12:30pm | Number of Educators | 4 |
| Mode of Transport | Private Bus | Educator : Child Ratio | 1:8 |

I/We give permission for

to travel with Rose Park OSHC by Private Bus.

Parent/Guardian Name:

Signature:

| | | | |
|----------------------------------|---|-------------------------------|-------------|
| Excursion Date | Tuesday 23 rd April 2024 | | |
| Destination & Address | Funtopia – 259-260 Main N Rd, Sefton Park | | |
| Departure Time | 11:15am | Expected Attendance | 64 children |
| Return Time | 3:45pm | Number of Educators | 8 |
| Mode of Transport | Private Bus | Educator : Child Ratio | 1:8 |

I/We give permission for

to travel with Rose Park OSHC by Private Bus.

Parent/Guardian Name:

Signature: