OSHC Vacation Care: Autumn

2015 Enrolment, Booking and Permission Sheet
Child/Children’s Details

Child 1
Family Name:___________________________________________
First Name:__________________________ Sex: M/F
Date of Birth:______________
Address:___________________________________________

Child 2
Family Name:___________________________________________
First Name:__________________________ Sex: M/F
Date of Birth:______________

Child 3
Family Name:___________________________________________
First Name:__________________________ Sex: M/F
Address:___________________________________________

Child 4
Family Name:___________________________________________
First Name:__________________________ Sex: M/F
Date of Birth:______________
Address:___________________________________________

Parent/Guardian’s Information
(This will be used to contact you in an emergency)
Name:___________________________________________
Home Phone:______________________________________
Mobile Phone:_____________________________________
Work Phone:_______________________________________

Emergency Contacts
(if parent/guardian cannot be contacted, emergency contacts will be notified and possibly asked to collect the child)
Name:___________________________________________
Home Phone:______________________________________
Mobile Phone:_____________________________________
Work Phone:_______________________________________
Relationship to child:________________________________

Custody/Access
Are there any Family Court Orders, Restraining Orders or Parenting Plans? Yes / No. If yes, please attach a copy.

Health Care Plan
OSHC staff need a written health care plan from your child (ren)’s doctor or treating professional to plan for any special health needs. If your child/ren have health care plan please attach.

Medication
Does your child have any routine health care needs (e.g. medication/asthma)? Yes / No
If yes, please attach a medication plan from your doctor or treating health professional, the correct dosage of any medication required, and how the condition is managed.
Doctor’s Name:______________________________________
Clinic Name:________________________________________
Phone Number:_______________________________________

Are there any special dietary requirements relating to your child? Yes / No
If yes, please attach a modified food plan from your doctor or treating health care professional.

Does your child have any medication that needs to be administered/self-administered during their time at the OSHC service? Y / N
If yes, please note that all medication must be supplied in the original container with the original pharmacy label, including the child’s name, the dose, and how it has to be administered. Please attach Permission to Administer Medication Form. This must be signed by the parent/doctor before medication can be administered by OSHC staff or self-administered by a child over 8 years.

Parent/Guardian’s Signature: ________________________________ Date: ________________________________
Booking Details
(Please complete, sign and return both pages) Please indicate your child’s attendance by ticking the appropriate box(es) below:
☐ L - indicates when the service provides lunch – for catering purposes please tick if your child/ren will eat the lunch provided

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<tr>
<th>Date Attending</th>
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<td>Child’s Name(s)</td>
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**note: excursion days are shaded light grey

Please note - your booking is final. No cancellations or amendments will be accepted.
Please refer to the Service Information sheet for more details.

Excursion Permission
(These must be signed and completed in order for your child to attend our excursion days)

<table>
<thead>
<tr>
<th>Excursion:</th>
<th>Time:</th>
<th>Transport:</th>
<th>Please Note</th>
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<tbody>
<tr>
<td>Viet Charm Restaurant</td>
<td>9:00am – 1:30pm</td>
<td>Private Bus</td>
<td>Packed lunch, snacks and drink bottles (No spending money needed).</td>
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<tr>
<td>408 King William Road</td>
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<tr>
<td>Adelaide 5000</td>
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<td>Phone: 8212 9368</td>
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<tr>
<td>Mitcham Cinemas</td>
<td>9:00am – 3:30am</td>
<td>Walking</td>
<td>Packed lunch, snacks and drink bottles Please wear sensible shoes for walking, sunscreen and a hat. An additional $8 will be charged to your account for the candy bar. (No spending money needed).</td>
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<td>Level 1, Mitcham Shopping Centre, 119 Belair Road, Torrens Park SA 5062</td>
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<td>Phone: 8305 444</td>
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<td>Brown Hill Creek for Lunch</td>
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<td>Team Trampoline</td>
<td>10:00am – 12:00pm</td>
<td>Private Bus</td>
<td>Packed lunch, snacks and drink bottles Socks must be worn. (No spending money needed).</td>
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<td>289 The Parade, Norwood 5067</td>
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<td>Phone: 0458 426 533</td>
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<tr>
<td>Beauty and the Beast</td>
<td>9:00am – 1:00pm</td>
<td>Private Bus</td>
<td>Packed lunch, snacks, and drink bottle (No spending money needed).</td>
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<td>Adelaide Youth Theatre</td>
<td>Royalty Theatre</td>
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<td>65 Angas Street, Adelaide SA 5000</td>
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Note for all Excursions:
Please ensure your child arrives at OSHC no later than 9am for ALL EXCURSIONS to avoid your child(ren) being left behind.
Failure to comply with these directions may result in your child being unable to participate in the organised activities.

I give permission for _________________________________________________________________________________ to attend excursions as indicated above, and have read and agree to follow the directions outlined for each excursion.

Parent/Guardian’s Signature: ___________________________ Date: ___________________________

OSHC Mobile: 0427 796 425
Mercedes College is a co-educational, Reception to Year 12 Catholic school in the Mercy tradition, providing a caring and supportive learning environment.

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