



Care for Kids Vacation Care School Holiday Program Consent Form and Terms & Conditions

Child's Name _____

Parent's Name _____

Please cross out DAYS you **DO NOT** wish your child to attend and initial those you **DO** wish your child to attend on the program overleaf.

Does your child have any allergies? Please ensure you have read the planned activities thoroughly and indicate below if there are any activities which may affect your child allergies.

Is your child on medication? Please specify and fill in the appropriate medication form if required.

Are there any other conditions/special circumstances surrounding your child?

TERMS & CONDITIONS

1. All authority forms returned to centre TWO WEEKS PRIOR to Vacation Care Program commencing. This is so we know how many children will be attending and can book outings and staff accordingly.
2. Signature are required on all days of attendance– No signature indicate no care
3. EXCURSION COSTS will be added to your account and deducted via direct debit.
4. REFUNDS ARE NOT GIVEN FOR EXCURSION COSTS
5. *Placement is not guaranteed if this consent form is not signed*
6. Places are limited, so days booked and fees are non-refundable.
7. Please bring your child a drink bottle, Lunch (unless program indicates different) a hat & spare clothes (all labelled).
8. We will be using CENTRE BUSES and HIRED BUSES for all excursions. You will need to sign your authority for us to transport your children to and from each outing by signing on the appropriate spaces overleaf and on a separate Excursion Authority form if applicable. (Ask your Vacation Care Staff).
9. All children need to be at the appropriate centre no later than 9.00am unless specified overleaf. Children may need to be dropped off at the excursion or OSHC venue after this time (If applicable). If you wish to pick up your child before 3:00pm, please inform the staff as some excursions may go late.
10. Staff **MUST** be informed (in writing if possible) if a person other than the parent/guardian is picking up your child.

My children will be attending Vacation Care on the days outlined overleaf.

I understand bookings are made subject to acceptance of the terms and conditions listed above.

Parent signature _____ Date _____

Emergency Name/ Number 1: _____

Emergency Name/Number 2: _____