

JANUARY HOLIDAY PROGRAMME

Please circle times and days that your child will be attending. If you intend to collect your child after 3.00pm they need to be enrolled for the period 3.00pm – 6.00pm.

YEAR 1 - 3 CHILDREN

WEEK 1	Mon 18 th	Tue 19 th	Wed 20 th	Thu 21 st	Fri 22 nd
8 – 3	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
3 – 6	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00
TOTAL					

WEEK 1	Mon 25 th	Tue 26 th	Wed 27 th	Thu 28 th	Fri 29 th
8 – 3	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
3 – 6	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00
TOTAL					

WEEK 1	Mon 1 st	Tue 2 nd	Wed 3 rd	Thu 4 th	Fri 5 th
8 – 3	No	\$30.00	\$30.00	\$30.00	\$30.00
3 – 6	OSCAR	\$14.00	\$14.00	\$14.00	\$14.00
TOTAL					

- Trips are subject to weather conditions, and may change accordingly.
- Refunds will not be given for cancelling within 1 week of booked day, unless for medical reasons. (Doctors certificate will be required for refund).

Placement in the Holiday Programme is not registered until a complete Enrolment Form, **including payment is received.**

At times photos of your child/ren completing activities may be taken to display on the notice board/OSCN training newsletter. This information may also be viewed by Government Agencies.

PLEASE RETURN COMPLETED FORMS AS SOON AS POSSIBLE AS SOME ACTIVITIES HAVE LIMITED PLACES AVAILABLE.

ENROLMENT FORM

Surname: _____ Childs First Name: _____ Age _____

Address: _____

Allergies / Medical Problems / Cultural requirements:

Medical Problems & any treatment to be provided / used. In the case of an emergency First Aid will be administered and an ambulance called.

Cultural requirements _____

Any other relevant information _____

People authorised to collect my child from OSCAR are: If you are happy for your child/ren to arrive/leave OSCAR at a designated time and be signed in/out by a Supervisor please provide further information along with travel plans in writing.

Parent/Caregiver Contact

Name / Relationship to child _____

Home _____ Mobile _____

Name / Relationship to child _____

Home _____ Mobile _____

Emergency Contact (if unable to contact parents.)

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

I give my consent for my child to attend the School Holiday Programme on the days as requested and permission to leave the school grounds for trips. I agree to inform the programme co-ordinator prior to my child attending if I feel they may need special attention (e.g tends to wander). I understand that all programme staff will exercise due care but will not be liable for any injury, damage or loss, which my child may sustain to person or property.

Signed: _____ Date: _____

