

## **EXTRA CURRICULAR ACTIVITIES FORM 2018 Outside School Hours Care**

Date Entered:

## child care services

Name of Service	ce																
Child's Full Nar	me																
Parent /Carer 1 N	ame:		Contact Num	ber:													
Parent /Carer 2 N	ame:		Contact Num	ber:													
		MON		TUES		WED		THURS		FRI							
Activity	Where	Provider Details Eg. Name, Organisation, Mobile	Collection & Return Arrangements with Provider	Start Date	Finish Date	Child Departs	Child Returns										
Example: Tennis	Courts					3.15	4.15							3.15	4.15		
understand and ac		C recognises children may attend ext This consent for	racurricular activities on the school rm must be supplied to the OSHC	-					ol Hours	s Care P	rogram			I			
	'	d the OSHC at the conclusion of class	and will be released from the	l understa	nd that at no	o time w	ill OSHO	C staff b	e presei	nt at the	extracı	ırricular	activity.				
OSHC to attend the above extracurricular activity, unless stated otherwise above. The child will be signed out of the service's care by an OSHC staff member.					I understand that should the extracurricular activity be cancelled after my child has arrived at the activity location, my child will need to return immediately to the OSHC.												
<ul> <li>I acknowledge that my child will be unescorted during the journey to / from the OSHC to the extracurricular activity.</li> </ul>					<ul> <li>I understand it is my responsibility to notify the OSHC if my child's extracurricular activity is cancelled in advance of its start time.</li> </ul>												
• The child will be anticipated back at OSHC at the nominated time as stated above and signed back into the service, unless parent/s have indicated on the table above they will be collecting their child.					I agree the OSHC can inform the school my child will be attending extracurricular activities.												
<ul> <li>Any alterations</li> </ul>	s in times or arrai	ngements must be notified in writing p	orior to the change occurring.														
				OFFICE USE	ONLY				Date	e:							
Parent/Carer 1 Signature			Date	Ctoff Month	Staff Mambari					. Futovod.							

Staff Member: