

Please complete and return this page to OSHC.

Authorisation and Consent

I have read all the terms and conditions regarding vacation care, and give consent for my child to attend the excursions as listed.

I consent to my child being photographed and this photograph be used for programming purposes by Rose Park Primary School OSHC. Photographs will be taken via OSHC camera only.

I consent for my child to use the transport for excursion provided they have adequately fitted seat belts.

SIGN:

DATE:

Please indicate the days you require Vacation Care on the form below and return to [oshc@roseparkps.com.au](mailto:oshc@roseparkps.com.au).

Childs Name		Childs Name	
Childs Name		Childs Name	

	Monday 5 <sup>th</sup> July	Tuesday 6 <sup>th</sup> July	Wednesday 7 <sup>th</sup> July	Thursday 8 <sup>th</sup> July	Friday 9 <sup>th</sup> July
Tick for booking	Craft	Hoyts	Photo Booth	Animals	Sensory
	Monday 12 <sup>th</sup> July	Tuesday 13 <sup>th</sup> July	Wednesday 14 <sup>th</sup> July	Thursday 15 <sup>th</sup> July	Friday 16 <sup>th</sup> July
Tick for booking	Music	Science	Cooking	PJ Day	Hoyts