Blackwood Primary School O.S.H.C
Vacation Care
OCTOBER 2016

BOOKING FORM

Please list the names of children attending in the first column and tick the days required.

<table>
<thead>
<tr>
<th>WEEK 1 Name/s:</th>
<th>Monday 3RD OCTOBER</th>
<th>Tuesday 4TH OCTOBER</th>
<th>Wednesday 5TH OCTOBER</th>
<th>Thursday 6TH OCTOBER</th>
<th>Friday 7TH OCTOBER</th>
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<th>WEEK 2 Name/s:</th>
<th>Monday 10TH OCTOBER</th>
<th>Tuesday 11TH OCTOBER</th>
<th>Wednesday 12TH OCTOBER</th>
<th>Thursday 13TH OCTOBER</th>
<th>Friday 14TH OCTOBER</th>
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EXCURSION AUTHORISATION

This form must be completed by a parent/guardian who has the authority to authorise the taking of a child outside of the Vacation Care service by OSHC Educators. A parent/guardian must sign below for each excursion their child/ren are booked to attend. If this form is not adequately completed, the child will not be permitted to attend the excursion/s. Risk assessments for these excursions have been prepared and are available at the service.

I give permission for _____________________________________________ (Name of Child/ren) to attend the following excursion/s:

Please tick each excursion your child/ren will be attending during Vacation Care and sign the permission at the bottom of each excursion.

( ) TUESDAY 4TH OCTOBER
Educator to child ratio: Minimum of 1:8
Transport: Walking
Time Frame: Depart 9:00am Return approx. 1.00pm
Proposed Activities: Roller skating

Destination: BLACKWOOD RECREATION CENTRE
Reason for Excursion: Recreational
Number of children: 30—35 approx.

Signed: ___________________________________________ (parent/guardian) Date: ________________________________

( ) WEDNESDAY 5TH OCTOBER
Educator to child ratio: Minimum of 1:8
Transport: Train Corro. To Adelaide Station
Time Frame: Depart 8.30am Return approx. 3.00pm
Proposed Activities: Tour Oval/Lunch in Elder Park

Destination: ADELAIDE OVAL
Reason for Excursion: Tour Adelaide Oval
Number of children: 30 approx.

Signed: ___________________________________________ (parent/guardian) Date: ________________________________
Blackwood Vacation Care
OCTOBER 2016

EXCURSION AUTHORISATION (CONTINUED)

This form must be completed by a parent/guardian who has the authority to authorise the taking of a child outside of the Vacation Care service by OSHC Educators. A parent/guardian must sign below for each excursion their child/ren are booked to attend. If this form is not adequately completed, the child will not be permitted to attend the excursion/s. Risk assessments for these excursions have been prepared and are available at the service.

( ) MONDAY 10th OCTOBER 2016
Destination: Circobats, Mile End
Educator to child ratio: Minimum of 1:8
Transport: Hired Bus with seat belts
Proposed Activities: Recreational
Likely Number of children: 30
Signed: ________________________________ (parent/guardian)   Date: ___________________________

( ) WEDNESDAY 12TH OCTOBER 2016
Destination: Bonython Park Bunyip Trail.
Educator to child ratio: Minimum of 1:8
Transport: Hired Bus with seat belts
Proposed Activities: Bunyip Trail/Playground/Lunch
Approx. Number of children: 30-35 approx.
Signed: ________________________________ (parent/guardian)   Date: ___________________________

( ) FRIDAY 14TH OCTOBER 2016
Destination: Wallis Cinema, Unley Road.
Mitcham (8305-4444)
Educator to child ratio: Minimum of 1:8
Transport: Train Corro. To Mitcham Station
Proposed Activities: Movie
Approx. Number of children: 30 approx.
Signed: ________________________________ (parent/guardian)   Date: ___________________________