|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 01. Child’s Name: |  |  | Age: | School Year: | 2. Child’s Name: |  |  | Age: | School Year: |
| 3. Child’s Name: |  |  | Age: | School Year: | 4. Child’s Name: |  |  | Age: | School Year: |

**Summer 2019/2020 VACATION PROGRAM PERMISSION FORM**

**I hereby give my permission for my child/ren to attend the excursions on the dates I have signed below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Activity** | **Location** | **Travel Method** | **Departure and Arrival Time** | **Attending please sign** |
| 8th January 2020 | Aquarium | 1-5 Wheat Rd, Sydney NSW 2000  Darling Harbour | Private Bus | Departure: 9:00am  Approx Arrival: 2:30pm |  |
| 9th January 2020 | Event Cinemas | Level 4, Top Ryde City Shopping, 109-135 Blaxland Rd, Ryde NSW 2112 | Private Bus | Arrival at Centre: 9:30am  Return: 2:00pm |  |
| 15th January 2020 | Greenwich Baths | Albert St, Greenwich NSW 2065 | Private Bus | Arrival at Centre: 9:00am  Return: 2:00pm |  |
| 21st January 2020 | Bowling | Building H3/3-5 George St, North Strathfield NSW 2137 | Private Bus | Departure: 9:30am  Approx Arrival: 2:30pm |  |

* I understand that a Risk Assessment has been completed prior to the event and is available to me upon request
* I understand that failure to make the full Vacation Care fee payment (Netbank) & return this permission form by **20th September 2019** will result in my child/ren’s position at Vacation Care being cancelled
* I will provide morning tea & afternoon tea everyday & lunch on excursion days. I understand that I will be invoiced if the centre have to provide my child with food.
* I agree to abide by all policies and procedures of Ermington OOSH, relevant to the delivery of Vacation Care
* I understand that excursions are compulsory for all children booked in to attend on that day
* I accept that it is my responsibility to ensure my child/ren is/are at the Centre 30 minutes before the scheduled departure time on excursion days. I understand that I will need to make alternate care arrangements for my child/ren if we arrive late
* I agree to support the centre in implementing the Sun Protection Policy by my child/ren wearing Sun‐safe clothing with sleeves & collar, hat and covered shoes & socks
* Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_