

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:

WINTER 2021 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
29 th June 2021	Archery	Bennelong Pkwy, Sydney Olympic Park NSW 2127	Private Bus	Departure 10:30 Sharp Arrival back to Centre 2:30pm	
6 th July 2021	Luna Park	1 Olympic Dr, Milsons Point NSW 2061	Private Bus	Departure 9:00am Sharp Arrival back to Centre 3:00pm	
8 th July 2021	Featherdale	217-229 Kildare Rd, Doonside NSW 2767	Private Bus	Departure from Centre 9:00am Arrival back to Centre 3:00pm	
12 th June 2021	King Pin Bowling	Building H3/3- 5 George St, North Strathfield NSW 2137	Private Bus	Departure from Centre 10:00am Arrival back to Centre 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 18 th June 2021 will result in my child/ren's posit at Vacation Care being cancelled
□ I will provide morning tea & afternoon tea everyday & lunch when it states to. I understand that I will be invoiced if the centre have to provide my child with foo
□ 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 boo	oked in to attend on that day	
☐ I accept that it is my responsibility to ensure my child/ren is/are will need to make alternate care arrangements for my child/ren		ire time on excursion days. I understand that
☐ I agree to support the centre in implementing the Sun Protection socks	on Policy by my child/ren wearing Sun-safe clothing with	sleeves & collar, hat and covered shoes &
☐ Parent/Guardian Name:	Signature:	Date: