

Date: ____ / ____ / ____

CHILD'S DETAILS

Family Name: _____ First Name: _____

School: _____ Class & Teacher: _____

Date of Birth: ____ / ____ / ____ Male Female

Does your child have any medical conditions? No Yes - Asthma Anaphylaxis Allergy
Intolerance Other

If yes, have you provided up to date medical action plans, risk minimisation plans and any required medication to the service? All forms will need to be provided before confirmation of a booked position is granted. Medication must be supplied no later than the morning of their first booked session.

MOTHER'S DETAILS

Family Name: _____ First Name: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

FATHER'S DETAILS

Family Name: _____ First Name: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

If your child has never attended Outside School Hours Care at St. Andrew's OSHC you will need to complete an enrolment pack before your child commences.

Please note that children are required to bring a broad brim hat, sun-safe clothing, and closed in shoes such as joggers are preferred.

I would like to book my child into Vacation care:

Please tick the days that you require for Vacation Care	Mon	Tue	Wed	Thu	Fri
3-6 April 2018	Easter Monday				
9-13 April 2018					
16 April 2018 (Pupil free day)		Term 2 commences Tuesday 17 th April			

I understand that 10 days' written notice is required to cancel any booked days.

Parent Signature: _____

Date: _____