

Family Name: _____ Child: _____

As the parent/caregiver, I understand that:

- My child(ren) will be attending and participating in activities and incursions as I have nominated by booking.
- I must supply relevant medical information and medication to the OSHC service prior to my child attending the service.
- I will need to pay for the relevant fees and incur any further fees for cancellation and absence as outlined in our fee policy.
- I will need to pay my account in full before I am able to book in for Vacation Care.

By printing my name below, I agree to abide by and support The Heights School OSHC Policies, Procedures and Vacation Care information inclusive of all the information set out in the program.

Signature of Parent/ Caregiver: _____

Date: _____

REMEMBER TO BRING:

RECESS LUNCH
HAT DRINK BOTTLE

Closing date for Bookings:

THURSDAY APRIL 11th

PRE SCHOOL VACATION CARE

PLEASE SELECT THE DAYS THAT YOU WISH FOR
YOUR CHILD TO ATTEND BY TICKING THE BOX
ALLOCATED TO EACH DAY

VACATION CARE DAYS ARE CAPPED AND
THEREFORE LATE BOOKINGS MAY BE PLACED
ON A WAITING LIST UNTIL FURTHER NOTICE

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WEDNESDAY 17/4

What's On?

Movie in School Theatre
Art, Games, Outdoor Play
Snack Provided

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9:00am—5:30pm

THURSDAY 18/4

What's On?

Sport & Athletics
Art, Games, Outdoor Play
Snack Provided

☐

9:00am—5:30pm

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WEDNESDAY 24/4

What's On?

Dance & Music
Art, Games, Outdoor Play
Snack Provided

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9:00am—5:30pm

FRIDAY 26/4

What's On?

Circus Skills
Art, Games, Outdoor Play
Snack Provided

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9:00am—5:30pm