As the parent/caregiver, I understand that:		<u>Mon 15/4</u>	<u>Tues 16/4</u>	Wed 17/4	<u>Thu 18/4</u>	<u>Fri 19/4</u>
 My child(ren) will be attending and participating in activities, incursions and excursions inclusive of method of 	Ages 5-7 years Ages 8 and above All ages	Inflatable World	SA Base Camp	# PJ Movie Day	ARC Swimming	# Ultimate
 transport as I have nominated by booking. I must sign my child(ren) in 15 minutes prior to excursion departing times on the program or I may miss out on the excursion. 	# Incursion/ Home Day REMEMBER TO BRING:	Zone Bowling	Rock Climbing	Woodhouse Adventure	# Adelaide Strikers	Incursion Day
• I must supply relevant medical information and medication to the OSHC service prior to my child attending the service.	RECESS LUNCH HAT DRINK BOTTLE	Mon 22/4 Lollipops Play Café	Tues 23/4 Morialta & Fasta Pasta	Wed 24/4 TTG Gymnastics	<u>Thu 25/4</u> PUBLIC HOLIDAY	Fri 26/4 # Circus Skills
 I will need to pay for the relevant fees and incur any further fees for cancellation and absence as outlined in our fee policy. 	Closing date for Bookings: <u>THURSDAY APRIL 11th</u>	Piccadilly Cinema	SA Aquatic Marion	Roller Skating	OSHC CLOSED	# Learn with Bricks
 I will need to pay my account in full before I am able to book in for Vacation Care. I will need to pay a \$100.00 deposit if I am looking to book 	YOUR CHILD WILL BE ALLOCATED A SPOT IN VACATION CARE AS PER THE AGE GUIDE ABOVE					
 in for a combined total of 8 or more days of Vacation Care. I give permission for my child to view a PG Rated movie. 	IF YOU ARE BOOKING MORE THAN ONE CHILD FOR VACATION CARE PLEASE SCROLL DOWN TO THE NEXT PAGE AND SELECT	<u>Mon 15/4</u>	<u>Tues 16/4</u>	Wed 17/4	<u>Thu 18/4</u>	<u>Fri 19/4</u>
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.	DAYS FOR EACH INDIVIDUAL CHILD. VACATION CARE DAYS ARE	<u>Mon 22/4</u>	<u>Tues 23/4</u>	Wed 24/4	Thu 25/4 PUBLIC	<u>Fri 26/4</u>
Signature of Parent/ Caregiver: Date:	CAPPED AND THEREFORE LATE BOOKINGS MAY BE PLACED ON A WAITING LIST UNTIL FURTHER NOTICE				HOLIDAY OSHC CLOSED	

Child Name:									
<u>Mon 15/4</u>	<u>Tues 16/4</u>	<u>Wed 17/4</u>	<u>Thu 18/4</u>	<u>Fri 19/4</u>					
<u>Mon 22/4</u>	<u>Tues 23/4</u>	Wed 24/4	<u>Thu 25/4</u>	<u>Fri 26/4</u>					
			PUBLIC HOLIDAY OSHC CLOSED						

Child Name:									
<u>Mon 15/4</u>	<u>Tues 16/4</u>	Wed 17/4	<u>Thu 18/4</u>	<u>Fri 19/4</u>					
<u>Mon 22/4</u>	<u>Tues 23/4</u>	Wed 24/4	<u>Thu 25/4</u>	<u>Fri 26/4</u>					
			PUBLIC HOLIDAY OSHC CLOSED						