

## EXTRA CURRICULAR ACTIVITIES

## **OUTSIDE SCHOOL HOURS CARE**

Parent/Carer 1 Signature

Date

Child/ren's name:																	
Name of parent/carer/authorised nominee:					Name of parent/carer/authorised nominee:												
Activity details, location and times							Mon		Tues		Weds		Thurs		Fri		
Activity	Where	Provider details Eg. Name, Organisation, Mobile	Collection & retu Arrangements with provi		Start date	Finish date	Child departs	Child returns									
OSHC recognises children may attend extracurricular activities on the school grounds that are not a part of the Outside School Hours Care program.															am.		
This consent form must be supplied to the OSHC prior to any such arrangement commencing.																	
I understand and accept that:																	
• my child will attend the OSHC at the conclusion of class and will be released from the OSHC to attend the above extracurricular activity, unless stated otherwise above. The child will be signed out of the service's care by an OSHC staff member.					<ul> <li>at no time will OSHC staff be present at the extracurricular activity.</li> </ul>												
					• should the extracurricular activity be cancelled after my child has arrived at the activity location, my child will need to return immediately to the OSHC.												
• my child will be unescorted during the journey to / from the OSHC to the extracurricular activity.					·												
• any child will be anticipated back at OSHC at the nominated time as stated above and signed back into the service, unless parent/s have indicated on the table above they will be collecting their child.					<ul> <li>it is my responsibility to notify the OSHC if my child's extracurricular activity is cancelled in advance of its start time.</li> </ul>												
					• the OSHC can inform the school my child will be attending extracurricular activities.												
• any alterations in time	s or arrangements must l	be notified in writing prior to the	change occurring.														
					Parent/Carer 1 Signature								Date				
OFFICE USE ONLY		Date:															
Staff Member:		Date Entered:															