



# Campbell Town School Holiday Care – April 2019

Campbell Town Early Learning Centre Hamilton Street, Campbell Town  
ph/fax 6381 1131 email campbelltown@ncn.org.au

## Booking Sheet

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Please read and fully complete this Booking Sheet.**

**Bookings will be taken via this form only and confirmed by email or post**

	Monday	Tuesday	Wednesday	Thursday	Friday
Program Planned Days	08/04/2019	09/04/2019	10/04/2019	11/04/2019	12/04/2019
<b>Name of Child/ren</b>					In House

	Monday	Tuesday	Wednesday	Thursday	Friday
Program Planned Days	15/04/2019	16/04/2019	17/04/2019	18/04/2019	19/04/2019
<b>Name of Child/ren</b>	In House	In House	In House	In House	Public Holiday

	Monday	Tuesday	Wednesday	Thursday	Friday
Program Planned Days	22/04/2019	23/04/2019	24/04/2019	25/04/2019	26/04/2019
<b>Name of Child/ren</b>	Public Holiday	In House	In House	Public Holiday	Local excursion

**All booking cancellations require seven (7) days' notice, or an absence will be charged**

I have read the Campbell Town Holiday Program and conditions, and fully understand all requirements. I will ensure that my child/ren is/are fully equipped as specified on the program. I agree to abide by all requirements including payment of fees, cancellations and absences. I have also read and fully completed the non-routine excursion form (page 2).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**When both sides are completed, please return to the Centre**

## NON-ROUTINE EXCURSION CONSENT FORM

### Campbell Town Holiday Care Friday 12<sup>th</sup> – Friday 26<sup>th</sup> April 2019

I, ..... Parent/Guardian  
(Parent/Guardian Name)

give permission for my child/ren .....  
(Child/ren Full Names)

To participate in an excursion to:

***\*Please circle Yes or No to excursions applicable to your child/ren.***

DATE	TIME	DESTINATION	TRANSPORT	CONSENT
26/04/2019	Depart: 10am Return: 2pm	Local Community	Walk	Yes / No

**\*Permission to watch PG Rated Movies – Please circle**

12/04/2019 – 26/04/2019	Permission form for <b>PG</b> rated movies to be signed on the day	Yes / No
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**Hazards identified are:**

- Children being on unregistered premises.
- Access to traffic – i.e. crossing roads.
- Challenging play equipment (different parks) and sports activities.
- Activities in open areas.
- Water

**Management of identified hazards will include:**

- Children will display organisation’s mobile phone number on their name tags.
  - All children and carers are to wear NCN’s high visibility vests.
  - Minimum ratio of one adult to ten children on excursions.
  - Minimum ratio of one adult to five children on swimming excursions.
  - A person who holds a bronze medallion will be available at every swimming outing.
- Hazards will vary depending on the excursion planned on the day. The activities that are available on each excursion vary and the purposes of all excursions are to provide children with recreational and educational experiences.

I consent to my child/ren travelling by bus or walking to the excursion.

Signed: ..... Date: .....  
(Parent/Guardian)

**This form must be completed prior to children attending excursions.**