

# EXTRA CURRICULAR ACTIVITIES FORM

<b>CHILD'S FULL NAME</b>	
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Mother/ Carer's Name:			
Father/Carer's Name:			
Address:			
Contact Number:		Mobile Number:	

**CONTACT DETAILS OF EXTRA CURRICULAR ACTIVITIES PROVIDER (OPTIONAL):**

Name:	
Contact Phone Number:	

ACTIVITY DETAILS & LOCATION /TIMES			MON		TUES		WED		THURS		FRI	
Child's Name	Activity	Where	Drop	OSHC	Drop	OSHC	Drop	OSHC	Drop	OSHC	Drop	OSHC
			Off	Collect	Off	Collect	Off	Collect	Off	Collect	Off	Collect
<i>Harry</i>	<i>Tennis</i>	<i>Courts</i>	3.15	4.15							3.15	4.15

OSHC recognises that children may attend extra curricular activities that are **not a part of the Outside School Aged Care Program, on the school site.**

- The child/children will be accompanied to the appropriate area of the school site by an OSHC staff member and signed out of the service's care and signed into the care of the extra curricular activity provider.
- The child/children will be collected by an OSHC staff member at the nominated time and signed back into the service, unless parents have indicated that they will be collecting their child/children on the table above.
- Written notification from parents/carers must be supplied to the Outside School Hours Care prior to any such arrangement commencing.
- Any alterations in times or arrangements must also be notified in writing prior to the change occurring.
- I/we understand that at no time will Outside School Hours Care staff remain at the extra curricular activity.
- I/we understand that should the extra curricular activity be cancelled, staff will return to the OSHC with my child/children.

**Mother/Carer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father/Carer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
DATE RECEIVED:	DATE ENTERED:
STAFF MEMBER:	