

## RIVERWOOD COMMUNITY CENTRE OUT OF SCHOOL HOURS CARE & VACATION CARE

### ENROLMENT FORM 2025

Out of School Hours Care is for children attending Primary School from Kindergarten to Year 6.

**Please complete the following details and return the form to [OOSH@riverwoodcommunity.org.au](mailto:OOSH@riverwoodcommunity.org.au) or in person.**

<b>Family Name:</b>		<b>Care start date:</b> ...../...../.....	
<b>Service type:</b>	Before & After School Care:	<input type="checkbox"/>	
	Vacation Care:	<input type="checkbox"/>	
	Before & After school Care & Vacation Care:	<input type="checkbox"/>	
<b>Please tick which school your child/ren attends</b> (Children who attend schools other than those listed below can only be enrolled in Vacation care)			
Hannans Road Public School	<input type="checkbox"/>	Riverwood Public School	<input type="checkbox"/>
Peakhurst Public School	<input type="checkbox"/>	Montessori Riverwood	<input type="checkbox"/>
Peakhurst West Public School	<input type="checkbox"/>	St Joseph's Catholic School	<input type="checkbox"/>
Other: (Please specify) _____	<input type="checkbox"/>		
<b>Before the child starts in the service make sure all the relevant information has been received accordingly</b>			
Immunisation record	(Staff Initials)	<input type="checkbox"/>	
Child's birth certificate	(Staff Initials)	<input type="checkbox"/>	
CRN for child and parents	(Staff Initials)	<input type="checkbox"/>	
Medical communication plans x2	(Staff Initials)	<input type="checkbox"/>	
Medication supplied and in date	(Staff Initials)	<input type="checkbox"/>	
Action plan	(Staff Initials)	<input type="checkbox"/>	

Fees and charges		
	Amount	Director to sign when charged to family
<b>Yearly Administration and enrolment fee:</b>	<b>\$70.00 per family</b> (to be paid upon enrolment/reenrolment for the year)	
<b>BSC:</b>	<b>\$21.00 per session</b> <b>\$24.00</b> (casual booking)	
<b>ASC:</b>	<b>\$24.00 per session</b> <b>\$26</b> (casual booking)	
<b>VACATION CARE:</b>	<b>\$105 per day</b>	
<b>Late fees</b>	IF you pick up your child after 6.00 pm you will be charged First 15 minutes <b>\$15</b> <b>\$15</b> for every 15 minutes after 6.15 pm	
<b>Non-notification fee</b>	<b>\$20</b> (If you do not inform the centre before 2.00 pm that your child will be away)	

OFFICE USE ONLY		
Entered into OWNA	(Initials)	(Date)
Added onto Bus Run	(Initials)	(Date)
Added onto Emergency Contact List	(Initials)	(Date)
Added onto Allergies/Asthma List	(Initials)	(Date)
Asthma Action Plan Provided	(Initials)	(Date)
Allergies Action Plan Provided	(Initials)	(Date)
Immunisation Record Provided	(Initials)	(Date)
Added to Email list	(Initials)	(Date)

Sighted by (Staff initials):..... Date...../...../.....

## About your child

### Child 1

\*Child's First Name: .....\*Child's Family Name: .....

\*Child's Date of Birth: .....\* Centrelink Reference Number (CRN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ -\_\_

Home Address: .....Post Code: .....

Country of Birth..... Age: ..... Gender: Male  Female

Are you of Aboriginal or Torres Strait Island background?  Yes  No

Are you LBOTE – Language background other than English?  Yes  Cultural background: .....

Languages spoken by child:

.....

Grade/Class: ..... School Attending: .....

<b>BEFORE</b>	Monday: _____	<b>AFTER</b>	Monday: _____
<b>SCHOOL CARE</b>	Tuesday: _____	<b>SCHOOL CARE</b>	Tuesday: _____
<u>Place P or V</u>	Wednesday: _____	<u>Place P or V</u>	Wednesday: _____
P = Permanent	Thursday: _____	P = Permanent	Thursday: _____
C = Casual	Friday: _____	C = Casual	Friday: _____

**VACATION CARE ONLY**  (Please fill in a booking form with required days.)

What are your child's interests and hobbies? E.g. Sport, Art, Cooking

etc.....  
.....

Does your Child suffer from any fears or phobias? Yes/No

Please Specify

.....  
.....

Please specify any further information that may assist us in providing better care for your child

.....  
.....  
.....

**Child 2**

\*Child's First Name: .....\*Child's Family Name: .....

\*Child's Date of Birth: .....\* Centrelink Reference Number (CRN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address: ..... Post Code: .....

Country of Birth..... Age: ..... Gender: Male  Female

Are you of Aboriginal or Torres Strait Island background?  Yes  No

Are you LBOTE – Language background other than English?  Yes  Cultural background: .....

Languages spoken by child:

.....

Grade/Class: ..... School Attending: .....

<b>BEFORE</b>	Monday: _____	<b>AFTER</b>	Monday: _____
<b>SCHOOL CARE</b>	Tuesday: _____	<b>SCHOOL CARE</b>	Tuesday: _____
<u>Place P or V</u>	Wednesday: _____	<u>Place P or V</u>	Wednesday: _____
P = Permanent	Thursday: _____	P = Permanent	Thursday: _____
C = Casual	Friday: _____	C = Casual	Friday: _____

**VACATION CARE ONLY**  (Please fill in a booking form with required days.)

What are your child's interests and hobbies? E.g. Sport, Art, Cooking

etc.....  
.....

Does your Child suffer from any fears or phobias? Yes/No

Please Specify

.....  
.....

Please specify any further information that may assist us in providing better care for your child

.....  
.....  
.....

**Child 3**

\*Child's First Name: ..... \*Child's Family Name: .....

\*Child's Date of Birth: ..... \* Centrelink Reference Number (CRN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address: ..... Post Code: .....

Country of Birth..... Age: ..... Gender: Male  Female

Are you of Aboriginal or Torres Strait Island background?  Yes  No

Are you LBOTE – Language background other than English?  Yes  Cultural background: .....

Languages spoken by child:  
.....

Grade/Class: ..... School Attending: .....

<b>BEFORE</b>	Monday: _____	<b>AFTER</b>	Monday: _____
<b>SCHOOL CARE</b>	Tuesday: _____	<b>SCHOOL CARE</b>	Tuesday: _____
<u>Place P or V</u>	Wednesday: _____	<u>Place P or V</u>	Wednesday: _____
P = Permanent	Thursday: _____	P = Permanent	Thursday: _____
C = Casual	Friday: _____	C = Casual	Friday: _____

**VACATION CARE ONLY**  (Please fill in a booking form with required days.)

What are your child's interests and hobbies? E.g. Sport, Art, Cooking

etc.....  
.....

Does your Child suffer from any fears or phobias? Yes/No

Please Specify

.....  
.....

Please specify any further information that may assist us in providing better care for your child

.....  
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.....

**Child 4**

\*Child's First Name: ..... \*Child's Family Name: .....

\*Child's Date of Birth: ..... \* Centrelink Reference Number (CRN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address: ..... Post Code: .....

Country of Birth..... Age: ..... Gender: Male  Female

Are you of Aboriginal or Torres Strait Island background?  Yes  No

Are you LBOTE – Language background other than English?  Yes  Cultural background: .....

Languages spoken by child:  
.....

Grade/Class: ..... School Attending: .....

<b>BEFORE</b>	Monday: _____	<b>AFTER</b>	Monday: _____
<b>SCHOOL CARE</b>	Tuesday: _____	<b>SCHOOL CARE</b>	Tuesday: _____
<u>Place P or V</u>	Wednesday: _____	<u>Place P or V</u>	Wednesday: _____
P = Permanent	Thursday: _____	P = Permanent	Thursday: _____
C = Casual	Friday: _____	C = Casual	Friday: _____

**VACATION CARE ONLY**  (Please fill in a booking form with required days.)

What are your child's interests and hobbies? E.g. Sport, Art, Cooking

etc.....  
.....

Does your Child suffer from any fears or phobias? Yes/No

Please Specify

.....  
.....

Please specify any further information that may assist us in providing better care for your child

.....  
.....  
.....

## Information about Parent/Guardian

### Parent/Guardian 1

Relationship to child: .....

Mr.  Mrs.  Miss  Ms

**First Name:** .....

**Family Name:** .....

**Date of Birth:** ..... / ..... / .....

**CRN Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** .....

.....**Post Code:** .....

**Home Phone Number:** .....

### Parent/Guardian 2

Relationship to child: .....

Mr.  Mrs.  Miss  Ms

**First Name:**

.....

**Family Name:**

.....

**Date of Birth:** ..... / ..... / .....

**CRN Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:**

.....

.....**Post Code:** .....

<p>Mobile Number: .....</p> <p>Study/Work contact number.....</p> <p>Email: .....</p> <p>Cultural/Ethnic background: .....</p> <p>Are you LBOTE – Language background other than English?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Languages Spoken: .....</p> <p>Are you the CRN Account Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a single supporting parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Work Status:</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contracted</p> <p><input type="checkbox"/> Self Employed <input type="checkbox"/> Un Employed <input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Actively Seeking Employment</p> <p>Occupation.....</p> <p>Parent/Guardian signature.....</p>	<p>Home Phone Number: .....</p> <p>Mobile Number: .....</p> <p>Study/Work contact number.....</p> <p>Email: .....</p> <p>Cultural/Ethnic background: .....</p> <p>Are you LBOTE – Language background other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Languages Spoken: .....</p> <p>Are you the CRN Account Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a single supporting parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Work Status:</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contracted</p> <p><input type="checkbox"/> Self Employed <input type="checkbox"/> Un Employed <input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Actively Seeking Employment</p> <p>Occupation..... .....</p> <p>Parent/Guardian signature.....</p>
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Emergency Contacts		
Please provide <b>AT LEAST 1</b> emergency contact who is <b>NOT</b> the parent/ guardian.		
<b>Contact 1:</b>		
<b>Full Name:</b>	<b>Relationship to child:</b>	
<b>Address:</b>	<b>Contact number:</b>	
<b>Authorisation to consent for this person to collect my child/ren from the service:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Authorised to consent to administration of medication or authorised for medical treatment:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Authorised to consent for an educator to take the child/ren outside the education and care service premises</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Authorise to authorise the service to transport the child or arrange transportation of the child:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Contact 2:</b>		
<b>Full Name:</b>		<b>Relationship to child:</b>
<b>Address:</b>		<b>Contact number:</b>
<b>Authorisation to consent for this person to collect my child/ren from the service:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Authorised to consent to administration of medication or authorised for medical treatment:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Authorised to consent for an educator to take the child/ren outside the education and care service premises</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Authorise to authorise the service to transport the child or arrange transportation of the child:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Contact 3:</b>		
<b>Full Name:</b>		<b>Relationship to child:</b>
<b>Address:</b>		<b>Contact number:</b>
<b>Authorisation to consent for this person to collect my child/ren from the service:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Authorised to consent to administration of medication or authorised for medical treatment:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Authorised to consent for an educator to take the child/ren outside the education and care service premises</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Authorise to authorise the service to transport the child or arrange transportation of the child:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Medical details:</b>		
Doctors Name.....		
Street Address.....		
Suburb: ..... Post Code: .....		
Phone Number..... Medicare Number.....		
Reference number on Medicare: Child 1: ____ Child 2: ____ Child 3: ____ Child 4: ____		



**Additional Information:**

Is the child immunized and is the immunization up to date?

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If no, please specify</u> _____	<u>If no, please specify</u> _____	<u>If no, please specify</u> _____	<u>If no, please specify</u> _____

Has the Child for who you are applying for care, been diagnosed with an ongoing high support need or are they undergoing diagnosis/assessment?

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes, please specify</u> _____	<u>If yes, please specify</u> _____	<u>If yes, please specify</u> _____	<u>If yes, please specify</u> _____

Has your child been diagnosed with an ongoing medical condition? E.g. Asthma, Fits, Seizures, ANAPHYLAXIS

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes, please specify</u> _____	<u>If yes, please specify</u> _____	<u>If yes, please specify</u> _____	<u>If yes, please specify</u> _____

**Action Plan must be provided**

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes, please specify:</u>	<u>If yes, please specify:</u>	<u>If yes, please specify:</u>	<u>If yes, please specify:</u>
Conditions: .....	Conditions: .....	Conditions: .....	Conditions: .....
Severity: .....	Severity: .....	Severity: .....	Severity: .....
Treatment: .....	Treatment: .....	Treatment: .....	Treatment: .....

Does your child have any behaviour management issues and/or have a plan in place? E.g. ADHA, Non responsive, uncooperative etc. Has your child had any behaviour management issues as previous centre they have attended?

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes, please specify</u> _____	<u>If yes, please specify</u> _____	<u>If yes, please specify</u> _____	<u>If yes, please specify</u> _____

## Permissions:

I give the following permissions for my child/ren:

In the event of a serious accident, I give written authorization for the centre to seek urgent medical, dental care, ambulance including transport by ambulance if required or hospital treatment.

Yes  No

I understand that medication will not be administered to my child unless:

- The medication is in its original container
- The Child's name is on the medication.
- The medication is correct.
- A separate medication form has been obtained from staff and filled out but the parent/guardian.

Yes  No

I understand that if my child obtains a wound that is treatable at the centre, a staff member who holds a senior first aid certificate will apply appropriate treatment and record it in the accident report book. The staff member will also notify the parent upon pick up.

Yes  No

All belongings brought to the centre remain the responsibility of the child. Staff will take no responsibility for items lost, stolen or broken at Riverwood Community Centre Before and After School Care Centre.

Yes  No

I give my child/ren permission, while at Riverwood OOSH, to participate in high impact activities such as park visits, climbing playing apparatus, games involving hard equipment or balls and running games. I understand that accidents can and do happen and that first aid is required my child/ren will be attended by a staff member who holds a senior first aid certificate, unless it is an emergency whereby an ambulance will be called. I do not hold the staff, Riverwood OOSH or Riverwood Community Centre responsible for any unforeseen accident

Yes  No

I understand that all fees need to be paid weekly or fortnightly. In the event my fees are not paid the centre reserves the right to refuse care of my child/ren

Yes  No

Do you allow your child to be photographed at the centre or on excursions to be used at the centre?

Yes  No

Child's Name/s:

.....

.....

Do you allow photos of your child to be used for advertising?

Yes  No

Child's Name/s:

.....

.....

<p>I give permission for my child to be taken to and collected from school by the centre bus and by staff cars when the bus is unavailable or detained. Understanding that the service has a Transport Policy and Risk Management Plan in place, I will not hold any staff member responsible for any accident not caused by them on route to and from the Centre.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s: ..... .....</p>
<p>Do you give permission for students from TAFE or UNI to do child studies and observations on your child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s: ..... .....</p>
<p>Do you give the centre permission to apply 30+ sunscreen and/or insect repellent to your child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s: ..... .....</p>
<p>Do you give permission for your child to watch G and PG movies at the centre?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s: ..... .....</p>
<p>I give permission for any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child (This may be for excursions or emergency circumstances).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s: ..... .....</p>

### Custody Arrangements:

<p>Are there any custody issues relating to the child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s: ..... .....</p>
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### Permissions

### Enrolment Agreement

I understand that: (please tick each statement as you read it)

- On confirmation of enrolment, Annual Fee of \$70 must be paid. This will be held, and not refundable.
- I must sign my child in and out for any absences.
- Fees are payable for absence of permanent bookings.
- Fees must be paid up to date, i.e. current week.
- A daily fee is charged.
- My child's attendance may be terminated if fees are not up to date without consultation with the manager.
- Any fees, penalties or service charges incurred by the Riverwood Community Centre OSHC as a result of fee payments will be charged to my account.
- A minimum of two weeks' notice is required when withdrawing my child from permanent care or fees will be payable in lieu of notice.
- My child must be picked up no later than 6.00pm otherwise I will be charged a late pick-up fee. Please call the Centre to inform us if your child's going to be late.
- Riverwood community Centre OSHC educators are mandatory reporters, which means that they are required, under the Children and Young Person's (Care and Protection) Act of 1998, to make a report to the NSW Department of Family and Community Services if they suspect a child is at significant risk of harm.
- My child's enrolment is subject to guidelines stated in the 'Family Information Handbook'.
- The centre will be closed on public holidays and at the end of December over the Christmas/New Year period.
- As a parent/guardian I am responsible for updating the Centre staff, in a timely manner, on any changes in my child's health, ongoing medical conditions or immunization matters.
- My child may be asked not to attend the centre if she/he contacts an infectious disease that requires an exclusion period Such as (Diphtheria, hepatitis B, fever)
- I am aware that the Centre require presentation of a medical certificate (Action Plan) in the event of the child developing a medical condition.
- The Riverwood Community Centre OSHC is part of the Riverwood Community Centre, and as such adheres to a set of policies and procedures that govern the way service is provided. I am able to view these documents by asking the Centre staff.
- I am aware that it is our Responsibility to maintain current Family Assistant Office income Assessment Notice for childcare subsidy purposes
- I am aware that to have access to Child Care Subsidy we need to meet all the current childcare requirement
- Agree to comply with all government requirements in relation to the Centre and its service.
- Understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:

**First Priority:** Child at risk of serious abuse or neglect

**Second Priority:** Children whose parents satisfy work/training/study test under section 14 of the Family Assistance Act

**Third priority:** Any other child

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

## Disclaimer

Riverwood Community Centre occasionally collects statistical information about children and families using the service. This information is used to help plan and deliver services, to monitor and improve services and to meet reporting requirements specified by funders. We respect the privacy of your personal information. All of the Riverwood Community Centre staff are bound by the Riverwood Community Centre's Privacy and Confidentiality policy. The Riverwood Community Centre take all reasonable steps to ensure that your personal information is protected against loss, unauthorized access, modifications or disclosure, and other misuse. Information will only be disclosed or shared if required by law or regulatory or reporting requirements.

## Privacy Statement

Riverwood Community Centre has a commitment to protect the privacy of its clients. Riverwood Community Centre complies with the National Privacy principals set out in the Privacy Amendment (private sector) Act 2000. For more information, please refer to the Riverwood Community Centre Privacy Policy available at the centre.

## Nominated Supervisor Comment

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## Nominated supervisor Children's Services – OSHC

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** .... /...../.....

### CHILDREN'S SERVICES OSHC EXCURSION PERMISSION FORM

Dear parents/Guardians

Please see below the details regarding excursions from our service in line with the proposed activities.

**When:** Monday – Friday as programmed

**Time:** between 4:15pm and 5:30pm; and as programmed (Vacation Care as programmed)

**Route:**

1. Library 80 Kentucky Rd, Riverwood NSW 2210 for the purpose of the Riverwood library  
Children will exit the main service doors and walk around the exterior façade of the Main RCC building, across the fenced bridge and attend to Riverwood Library, they will return via this route back to the service.
2. Parklands outside Riverwood Community centre and Karne St Reserve Playground at 151 Belmore Road Nth, Riverwood NSW 2210 for the purpose of evacuation drills and programmed park play, recreational play and mealtimes. Children will exit the main service doors and walk alongside the fencing in a line with educators, making their way down the steps to the grassed area, next door to the service. For Karne St Playground children will exit the service as outlined above and walk along the Riverwood Wetlands walkway to the park.
3. Basketball Courts inside Riverwood Community Centre at 151 Belmore Road Nth, Riverwood NSW 2210 for the purpose of programmed based sports activities. Children will exit via the OSHC room doors/Hall, walking through foyer, front reception to basketball courts. Returning via this path into the centre.

Individual risk assessments are available for families for the above activities. These are stored electronically and are made available to families upon request to the Nominated Supervisor or Children's Services Director.

**Anticipated number of children:** 30-60 children (licenced for 60 children)

**Anticipated ratio of staff to children:** 1:1.5 In centre activities, Outdoor Gardens, Park Playground, Library Visit

**Transport and required seat belts:** Not relevant for this excursion. Children will be walking.

Please fill out the permission form and hand in back to staff

Children will be transported to and from these areas via walking only with a return time of no later than 5.30pm. If parents are required to collect children during the times of excursions being conducted, they must inform educators via the centre mobile phone and can meet us at the above locations.

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I give permission to any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child for the purpose of the proposed activity and for the purpose of collecting the child from the following locations.

Child's Name: ..... Date of Birth: ...../...../..... Age: .....

Parent/Guardian Name: .....Date: ..... Signature.....

Nominated Supervisor: ..... Date..... Signature.....