



BELLEVUE HEIGHTS PRIMARY SCHOOL

Out of School Hours Care – Vacation Care

BOOKING SHEET

September/October 2020

Please complete all forms and return to **OSHC STAFF ONLY**, by **end of week 9** to avoid disappointment.

If your child is not enrolled in the OSHC service you must also complete separate registration forms, available from OSHC or the school office.

“Due to current Government Health Guidelines & recommendations BHPS OSHC & Vacation Care may be required to make changes to the program with little notice. Updates will be passed on as they become available, BHPS OSHC and Vacation Care will follow DECD policy & Government Health regulations when putting in place any changes. All excursions/incursions are planned using strict Covid-19 guidelines”

Children attending must be minimum age of 4 years and 6 months.

Child's Name		Child's Name	
Child's Name		Child's Name	
Child's Name		Child's Name	

WEEK 1

Monday	Tuesday	Wednesday	Thursday	Friday
28/09/20	29/09/20	30/09/20	01/10/20	02/10/20
<input type="checkbox"/> Full day <input type="checkbox"/> Half day - a.m. <input type="checkbox"/> Half day - p.m.	<input type="checkbox"/> Full day <input type="checkbox"/> Half day - a.m. <input type="checkbox"/> Half day - p.m.	<input type="checkbox"/> Full day <input type="checkbox"/> Half day - a.m. <input type="checkbox"/> Half day - p.m.	<input type="checkbox"/> Full day <input type="checkbox"/> Half day - a.m. <input type="checkbox"/> Half day - p.m.	<input type="checkbox"/> Full day <input type="checkbox"/> Half day - a.m. <input type="checkbox"/> Half day - p.m.

WEEK 2

Monday	Tuesday	Wednesday	Thursday	Friday
05/10/20	06/10/20	07/10/20	08/10/20	09/10/20
Public Holiday	<input type="checkbox"/> Full day <input type="checkbox"/> Half day - a.m. <input type="checkbox"/> Half day - p.m.	<input type="checkbox"/> Full day <input type="checkbox"/> Half day - a.m. <input type="checkbox"/> Half day - p.m.	<input type="checkbox"/> Full day <input type="checkbox"/> Half day - a.m. <input type="checkbox"/> Half day - p.m.	<input type="checkbox"/> Full day <input type="checkbox"/> Half day - a.m. <input type="checkbox"/> Half day - p.m.

****All bookings are final. You will need to pay an estimated amount for your vacation care use at the time of booking. A final invoice may show a balance due which must be paid within 7 days.****

I give permission for my child/ren to participate in all activities occurring on the days that I have booked. I agree to delegate my authority to supervising educators. Such educators may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the children as a group and individually.

Signature:

Date: / /