

## **VACATION CARE** Online Booking Confirmation APR 2019

Child1			_ Child2			Child3					
Please wri	te your chil	d's number	e.g. 1 in bo	ox correspon	ding with yo	our online bo	oking				
	Monday		Tuesday		We	Wednesday		Thursday		Friday	
	In	Exc.	In	Exc.	In	Exc.	In	Exc.	In	Exc.	
Week 1											
Week 2										Closed	
Week 3	Closed						Closed			Т	
Week 4											
Authorisation's  Yes No In the event of an accident/emergency I hereby give permission for KCS to arrange emergency medical, dental or hospital treatment for my child/ren as appropriate, and if necessary transportation by ambulance to a hospital at my expense for my child/ren.  Yes No I hereby give permission for my child/ren to leave the premises at Carlton South Public School while under the supervision of KCS educators for emergency evacuation practices and activities in nearby parks/community facilities (within a distance of 2 kms from the Service), I understand that risk assessments for these practices have been conducted and are available at the Service.											
☐ Yes ☐ train, ferr to transpo	No I hen y or on foc ort my chil No I her	reby give po ot as require d/ren and v eby give pe	ermission ed. I unde where pos	for my child rstand that ssible, I will for photogra	d/ren to tr in case of be inform aphs and v	avel, super	y, a KCS his happ y child/r	staff memb bening. en taken at	per's car n		
used for p	oromotion	al purposes	in KCS's	publication	ns, on our	videos of my website and ofessional o	d social r	media platf	orms, in m		
KCS for p	romotiona	l purposes	in its pub	lications, o	n our webs	wings, pain site and soc developme	cial medi	a platforms	s, in media	a activities,	
			_	<b>ou have any</b> s if you wish		g/overdue a this further.	ccounts.	Balances mi	ust be clea	red prior to	
		_		child's acce ldren or KCS		part of the V	acation C	are program	if their be	haviour	
I confirm I have completed and read the Parent/Guardian Authorisation's and agree to the terms outlined in the Parent/Guardian agreement (enclosed).											
Parent's/0	Guardian Na	ame:				Signature					
Contact Number: Date:											

Booking forms can be downloaded from www.kogarahcommunity.org.au; and completed electronically, or by hand and emailed to childcare@kcs.org.au, faxed to 9587 7925; or handed to the Responsible Person in charge at the Centre.