

EXTRA-CURRICULAR ACTIVITY PERMISSION FORM



SERVICE

This permission form meets the relevant regulatory and compliance requirements as outlined in the Education & Care Services National Regulations Part 4.2-Division 6-99 & Part 4.7-Division 1- Subdivision 1-158 & 160.

Child(ren)s name

Activity attending

Please fill out an individual form for each activity as required.

Activity location/address

Onsite

Offsite

Name & contact number of person(s) running the activity

Please note: The Activity Co-ordinator is responsible for collecting and dropping off my child to and from the activity.

When will they be absent from the service? Date starting

One off event Weekly during term 1 2 3 4 Other

BEFORE SCHOOL

Mon Tue Wed Thur Fri Absent from _____ am Returning at _____ am
 Not returning

AFTER SCHOOL

Mon Tue Wed Thur Fri Absent from _____ pm Returning at _____ pm
 Not returning

Parent/Guardian Permission

- I accept that Northwest Community Childcare educators are happy to remind my child(ren) to attend the extra-curricular activity but will not be held responsible if my child does not go when reminded.
- I accept that my child must sign into Northwest Community Childcare prior to them attending the activity.
- I accept the responsible person will sign my child out of our care for the duration of the activity, and then sign them back in upon their return to the service.
- I accept that my child(ren) attending and travelling to and from activities during an OSHC session will not be under the supervision of the Northwest Community Childcare staff.
- I understand that Northwest Community Childcare staff are not responsible for my child whilst they are absent from the OSHC service.
- I accept that if I collect my child directly from the extra-curricular activity when they would usually return to Northwest Community Childcare, I need to notify the service that they will not be returning.

Name parent/guardian

Signature

Date



G11/320 Annangrove Road
Rouse Hill NSW 2155
Phone: (02) 8678 0279
bookings@nwcc.com.au

Nominated Supervisor to complete:

Date received _____ Date records updated _____
Received by _____
Updated by _____
Other _____