



# KELVIN GROVE OSHC

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## EXTRA CURRICULAR ACTIVITIES PERMISSION FORM

I give permission for my child \_\_\_\_\_ of Grade \_\_\_\_\_ to leave the care of Kelvin Grove State College OSHC to participate in extra-curricular activities at the school during the times indicated below.

I acknowledge the following statements and accept the following condition:

- You accept KGOSHC will not be liable for any extra fees or costs forfeited by their non-attendance.
- I agree that depending on circumstances, my child may be unescorted to/from the journey to the extra curricular activity.
- I have reminded my child to ensure that they first attend KGOSHC and sign into the program prior to attending any extra curricular activities held during after school care (excluding 3:15pm tennis).
- I have reminded my child to ensure that they do not leave the service until instructed to do so by an educator.
- I understand that at no time will KGOSHC educators be present at the extra curricular activity and my child will not be under the care of KGOSHC.
- I understand that responsibility for my child will once again be that of KGOSHC once my child returns to be service.
- I understand that I will still be charged for the time that my child is away from the service participating in extra curricular activities.
- I agree to notify KGOSHC of any alterations / cancellations in times or when this arrangement changes.

I will collect my child when the activity finishes and he/she will not return to KGOSHC: Yes  No

Day	Period / Dates of Activity		Activity my child will be participating in	Timeframe	
	Start Date	Finish Date	Location	Start Time	Finish Time
MONDAY			Activity:		
			Location:		
TUESDAY			Activity:		
			Location:		
WEDNESDAY			Activity:		
			Location:		
THURSDAY			Activity:		
			Location:		
FRIDAY			Activity:		
			Location:		

Parent/Guardian Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE USE ONLY: DETAILS ADDED TO THE EXTRA CURRICULAR LIST Yes  No