





LINDEN PARK PRIMARY SCHOOL COUNCIL  
*Out of School Hours Care*



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**Are there any intervention/court orders in relation to your child(ren)?** Yes  No

Please provide details here:

**Any information you believe we need to know in relation to your child(ren)?** Yes  No

Please provide details here: \_\_\_\_\_

**My child(ren)'s immunisations are up to date, if no please provide details:**

\_\_\_\_\_

**Please provide any suggestions for the Before/After School Care program or Vacation Care ideas:**

\_\_\_\_\_

**Please provide any feedback about the service or the enrolment process below:**

\_\_\_\_\_

**BOOKING SCHEDULE 2019** (PLEASE TICK)

**PERMANENT/CASUAL BOOKING** (PLEASE CIRCLE)

**COMMENCEMENT DATE:**

**END DATE:**

| CHILDREN'S DETAILS | MONDAY |     | TUESDAY |     | WEDNESDAY |     | THURSDAY |     | FRIDAY |     |
|--------------------|--------|-----|---------|-----|-----------|-----|----------|-----|--------|-----|
|                    | BSC    | ASC | BSC     | ASC | BSC       | ASC | BSC      | ASC | BSC    | ASC |
| CHILD'S NAME       |        |     |         |     |           |     |          |     |        |     |
| CHILD'S NAME       |        |     |         |     |           |     |          |     |        |     |
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| CHILD'S NAME       |        |     |         |     |           |     |          |     |        |     |

**I would like my child(ren) to complete homework on days they are booked into ASC?** Yes  No

I give consent to the information contained in this document being available to the Educators employed by Linden Park Primary School Council OSHC. I understand this information will be handled strictly in accordance with privacy and confidentiality guidelines and will only be shared as a way of improving the quality of service provided to my/our child. Families will be called prior to any medical administration unless otherwise specified. YES  NO

**PARENT/GUARDIAN APPROVAL**

I verify that the information provided is true and correct:

FULL NAME:

SIGNATURE:

DATE: