



Rochedale Outside School Hours Care Association

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EXTRA-CURRICULAR ACTIVITIES ESCORT FORM

CHILDS NAME: _____

I give permission for my child to leave the care of ROSHCA in order to participate in extra-curricular activities at the school during these times:

I will collect my child when the activity finishes: (please circle) YES NO

Day	Timeframe (eg: 3:00pm – 4:00pm)		Activity child will be participating in.	where activity is LOCATED (eg: MAD – RPAC or E Block)	Period/Dates of Activity	
	Start	Finish			Start date (eg 8.5.19)	finish date (eg 10.6.19)
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

Name and contact of person activity provider: (eg: John Williams ph: 04 333 333) _____

- I have reminded my child to ensure that they do not leave the service until their name is marked off by an educator.
- I have reminded my child that they will be escorted to the activity by an educator and that they are to follow any directions given to them whilst en route to and from the activity.
- I understand whilst away from the service participating in this activity, my child will not be under the care of ROSHCA.
- I understand that responsibility for my child will once again be that of the service once my child is collected from the activity and returns to the 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 undertake to ensure that I notify the service if and when this arrangement changes.

Parent/Guardian signature:..... date:.....

Coordinator's Signature:..... date:.....