Please tick days and times you require permanent care:

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before School Care</td>
<td>7.30-8.30</td>
<td>7.30-8.30</td>
<td>7.30-8.30</td>
<td>7.30-8.30</td>
<td>7.30-8.30</td>
</tr>
<tr>
<td>After School Care (Kinder only)</td>
<td></td>
<td>2.45-6.00</td>
<td>2.45-6.00</td>
<td>2.45-6.00</td>
<td></td>
</tr>
<tr>
<td>After School Care (all other grades)</td>
<td>3.00-6.00</td>
<td>3.00-6.00</td>
<td>3.00-6.00</td>
<td>3.00-6.00</td>
<td>3.00-6.00</td>
</tr>
<tr>
<td>Long Day Care</td>
<td>7.30 – 6.00</td>
<td></td>
<td></td>
<td></td>
<td>7.30 – 6.00</td>
</tr>
</tbody>
</table>

Casual care only required - please tick □

Date Childcare to commence: ........................................................................................................

Please note: Permanent bookings will be assumed for the entire school year. Any changes to your childcare requirements should be advised to the office ASAP. All permanent bookings will be charged for, regardless of whether the child is absent, or a booking is cancelled, except during Vacation Care & Public Holidays

Excursion Consent Information

I (Parent/Carer Name) ....................................................................................................................

parent/carer/legal guardian (delete as appropriate) of:

(Student/s Name):......................................................................................................................... hereby

1. Consent to my child travelling on any form of public or private transport where such transport is deemed by the school to be necessary or desirable.

2. Consent to my child participating in all activities organised or available at school, and all other outings, excursions and functions.

   a) In the event that you cannot be contacted: Consent to the school, by its servants or agents, seeking such medical or dental advice on behalf of my child as it sees fit in the event of accident or illness and, if in the opinion of an attending medical or dental practitioner or medical officer, my child requires medical or dental attention or treatment including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, to such medical or dental practitioner or medical officer giving such attention or treatment.

   b) Certify that the consent which I have given in paragraph (a) is valid at all times while my child is in the custody of the school including but not limited to such items as my child is at school, is present at school camps or is attending or participating in excursions or functions.

3. Certify that I understand that the centre will take all reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

4. Tick appropriate box and give details where applicable:

   a) I/We certify that my child does not, to my knowledge, suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment. □

   b) I/We give notice that my child suffers from the following illnesses or disabilities and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment, but certify that, to my knowledge, my child does not suffer from any other illness or disabilities or take medication which might interfere with or inhibit any medical or dental attention or treatment. □

Date: .................................. Signed: .................................................................

Mount Carmel College is a privacy compliant organisation. Your personal information will be used only for the purpose for which you provided it, and we will not disclose it without your consent, except where authorised or required by law.