

TERM 1 CURRICULUM DAY BOOKING FORM

ROLLERAMA



FRIDAY 20th MARCH 2026

7am – 6pm Bus Departing 9am

Friday 20th March – Cost \$104 per child

Get your skates on and join us for a thrilling day of indoor roller skating at Rollarama. Whether you're a beginner or a skating pro, there's plenty of fun to be had gliding around the rink, playing games, and enjoying music in a safe, supervised environment. It's the perfect way to stay active, build confidence, and make awesome memories with friends!

No Food provided today. Please provide Breakfast, Lunch and morning and afternoon snacks.

BOOKING PERIOD INFORMATION

Families with a Permanent Friday BSC/ASC booking	Community Families
Friday 6 th March 2026	Monday 9 th March 2026

Numbers are limited due to staffing capacity please book early to ensure your place.

Children must be enrolled with OSHC before making a Curriculum Day booking.

TERM 2 CURRICULUM DAY NOTICE

Child's Name	Friday 20 th March 2025 \$104 per child	Total Cost

Contact Phone Numbers on the Day

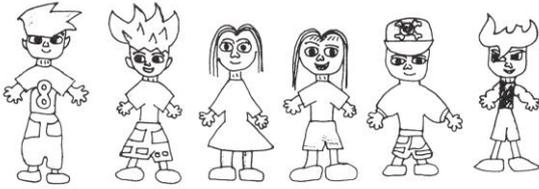
Name: _____

Phone: _____

Name: _____

Phone: _____

Signature of Parent: _____ Date: _____



**WHEELERS HILL PRIMARY SCHOOL
OUT OF SCHOOL HOURS CARE**

**EXCURSION PERMISSION SLIP MUST BE RETURNED WITH BOOKING
FOR CHILDREN TO ATTEND**

All children require this form to attend any excursions and leave the premises to comply with legally binding regulations.

DATE	VENUE & ADDRESS	TIMES	STAFF/CHILD RATIO
20 th March	ROLLERAMA 1298 Ferntree Gully Rd, Scoresby VIC 3179	9am – 1pm	1/8

TRAVELLING BY SEAT BELTED BUS.

Risk Assessments are available on request

I (the undersigned parent/guardian of the below named child/ren) agree to allow the below named child/ren to participate in the WHPS Curriculum Day Program & authorise the staff to take the above named child/ren on excursions. I agree to indemnify & keep indemnified & to hold Wheelers Hill Primary School, it's employees from & against all actions, costs, claims, whatsoever which the above named child/ren & I may have against them or any of them arising out of or in relation to the Curriculum Day Program, other than where negligence attaches to them.

In the event of illness or injury to my child whilst attending the Curriculum Day Program; I authorise the Co-ordinator to consent, where the Co-ordinator is unable to contact me; to my child seeking such medical treatment as may be deemed necessary by a medical practitioner.

CHILD'S NAME _____

DATE _____

PARENT'S NAME _____

PARENT'S SIGNATURE _____

##PLEASE NOTE DUE TO TIME RESTRAINTS IF YOU HAVENT ARRIVED BY THE ABOVE TIMES THE SERVICE WILL ASSUME YOUR NON ATTENDANCE AND THE EXCURSION WILL LEAVE ON TIME. THANKYOU FOR YOUR UNDERSTANDING