



**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM Dec 2017 - Jan 2018**

Main Road, BELAIR 5052 S.A. Phone: 8278 7609 FAX: 8370 2651

**Enrolment Period: From week 5, Term 4: Monday 13<sup>th</sup> November to 8<sup>th</sup> December 2017**



**ALL CHILDREN USING THE OSHC SERVICE MUST COMPLETE THE OSHC ENROLMENT FORM FOR 2018**

**WEEK 1 ENROLMENTS/BOOKINGS CLOSE FRIDAY 8<sup>th</sup> DECEMBER 2017**

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Caregiver's Name: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Emergency Contact Name: (1) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Illness/allergy/medications**

Please provide details if the child/ren have a health care need, such as an illness/allergy, medications or dietary requirements. Include a copy of written health care plans from the child's doctor. If you have previously provided a plan please check with a staff member that the plan we have is accurate and medications current.

**Parent/Caregiver Permission:**

I give permission for my child/ren to attend Belair Primary School Vacation Care Service. I give permission for my child/ren to travel by hired charter bus with seat belts, or walk to any excursion planned in the Program.  
Please sign **PARENT CONSENT** for each child booked in.

**PARENT CONSENT:** Children must have signed parent consent for all excursions.

**WEEKS 1,2,3 and 4**

DATE	EXCURSION	CHILD/REN		PARENT SIGN
Tuesday 19 <sup>th</sup> Dec	Morialta Nature Play and BYO picnic	1. 3.	2. 4.	
Thursday 21 <sup>st</sup> Dec	Birdwood Motor Museum	1. 3.	2. 4.	
Thursday 18 <sup>th</sup> Jan	Mt Barker Cinemas	1. 3.	2. 4.	

**Risk Management Declaration:**

Risk Management of staffing ratios has been carried out and control measures implemented to ensure a safe, wellbeing environment for all children and staff attending Vacation Care Excursions.

**In case of illness or accident, I authorise the Director in charge or delegate to consent to, where it is not possible to communicate with me, my child/ren receiving medical treatment, as deemed necessary.**

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee Policy**

**I agree to pay the required OSHC and Vacation Care Fees for my child/children before Vacation Care commencement. I am aware that failure to make full payment in advance will result in my bookings being cancelled.**

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography permission**

**I give permission for my child/ren to be photographed during Vacation Care**

**Note: Photographs are displayed in OSHC room, used in newsletters and filed in OSHC Office.**

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE BOOKING FORM Dec 2017 - Jan 2018**

Main Road, BELAIR 5052 S.A. Phone: 8278 7609 FAX: 8370 2651

**FEES:**

EXCURSION DAY: \$60 7.30AM – 6.00PM

INCURSION DAY: \$50 7.30AM – 6.00PM

All OSHC and Vacation Care Fees are to be paid in advance of Vacation Care Commencement:**All ENROLMENTS/BOOKINGS CLOSE FRIDAY 8<sup>th</sup> DECEMBER 2017**Place child's name in the box for each day required:

WEEK 1	Monday 18/12/17	Tuesday 19/12/17	Wednesday 20/12/17	Thursday 21/12/17	Friday 22/12/17
Incursion/Excursion	Wheelie Kids	Morialta Playground Outing	Stay Active	Birdwood Museum	Christmas Party
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 08/01/18	Tuesday 09/01/18	Wednesday 10/01/18	Thursday 11/01/18	Friday 12/01/18
Incursion/Excursion	Henna & Face Painting	Rock About	Waterslide	Games 2 U	Nature Play Day
Name of Child					
Name of Child					
Name of Child					
WEEK 3	Monday 15/01/18	Tuesday 16/01/18	Wednesday 17/01/18	Thursday 18/01/18	Friday 19/01/18
Incursion/Excursion	Games Day	Water Slide (tropical)	Science Day	Mt. Barker Cinemas	Radicool Reptiles
Name of Child					
Name of Child					
Name of Child					
WEEK 4	Monday 22/01/18	Tuesday 23/01/18	Wednesday 24/01/18	Thursday 25/01/2017	Friday 26/1/17
Incursion/Excursion	Water Slide (shark)	Magic Mike	Photo Scavenger Hunt	Relaxation Day/ Australia Day Celebration	Australia Day Public Holiday
Name of Child					<b>SERVICE CLOSED</b>
Name of Child					
Name of Child					

**Parent/Carer signature confirming bookings**Where possible, families will be notified of any changes to the vacation care program e.g. Excursions of Incursion.**Dear Parents,****For October Vacation Care quotes will not be issued. We would appreciate it if all families promptly pay their accounts by the end of each week. For example: Invoices are distributed each Monday and payment is expected by the following Friday.**