



**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM April 2018**

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

**Enrolment Period: From Term 1, Week 6 : Monday 5<sup>th</sup> March to 6<sup>th</sup> April 2018**



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

**WEEK 1 & 2 ENROLMENTS/BOOKINGS CLOSE FRIDAY 6<sup>th</sup> April 2018**

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**

DATE	EXCURSION	CHILD/REN		PARENT SIGN
Tuesday 17 <sup>th</sup> April	Cleland Wildlife Park	1. 3.	2. 4.	
Thursday 19 <sup>th</sup> April	Belair Recreation Park	1. 3.	2. 4.	
Thursday 26 <sup>th</sup> April	Noarlunga Cinemas	1. 3.	2. 4.	

**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE BOOKING FORM April 2018**

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

**FEES:**EXCURSION DAY: \$60 7.30AM – 6.00PMINCURSION DAY: \$50 7.30AM – 6.00PMAll OSHC and Vacation Care Fees are to be paid in advance of Vacation Care Commencement:**All ENROLMENTS/BOOKINGS CLOSE FRIDAY 6<sup>th</sup> APRIL 2018**

Place child's name in the box for each day required:

WEEK 1	Monday 16/04/18	Tuesday 17/04/18	Wednesday 18/04/18	Thursday 19/04/18	Friday 20/04/18
IncurSION/Excursion	Games 2 U	Cleland Wildlife Park	Belair OSHC Olympic Games	Belair Recreation Park	Belair OSHC Annual Autumn Carnival
Name of Child					
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 23/04/18	Tuesday 24/04/18	Wednesday 25/04/18	Thursday 26/04/18	Friday 27/04/18
IncurSION/Excursion	Belair OSHC Amazing Race	Tri Skills	<b>Public Holiday Closed</b>	Noarlunga Movies	Relaxation Day
Name of Child					
Name of Child					
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.**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: \_\_\_\_\_

