

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

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

**Enrolment Period: From Week 5: Monday 28th of May 2018 to Week 9: Friday 29th June 2018.****ALL CHILDREN USING THE OSHC SERVICE MUST COMPLETE THE OSHC ENROLMENT FORM FOR 2018****WEEK 1 & 2 ENROLMENTS/BOOKINGS CLOSE FRIDAY 29th of June 2018**

Child's Name: _____ D.O.B: _____ Year: _____ School: _____

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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 10 th July	South Australian Maritime Museum	1. 3.	2. 4.	
Thursday 12 th July	Inflatable World	1. 3.	2. 4.	
Thursday 17 th July	Noarlunga Bowling	1. 3.	2. 4.	
Thursday 19 th July	Mt. Barker Movies	1. 3.	2. 4.	

**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE BOOKING FORM FOR JULY 2018**

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**FEES:**EXCURSION DAY: \$60 7.30AM – 6.00PMINCURSION DAY: \$50 7.30AM – 6.00PM**ALL ENROLMENTS/BOOKINGS CLOSE FRIDAY 29th of June 2018**

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

WEEK 1	Monday 9/07/18	Tuesday 10/07/18	Wednesday 11/07/18	Thursday 12/07/18	Friday 13/07/18
Incursion/Excursion	Elements Day	South Australian Maritime Museum	Ninja Warrior Day	Inflatable World	Hawaii Day
Name of Child					
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 16/07/18	Tuesday 17/07/18	Wednesday 18/07/18	Thursday 19/07/18	Friday 20/07/18
Incursion/Excursion	Games Day	Noarlunga Bowling	Games 2 U	Mt. Barker Movies	Relaxation Day
Name of Child					
Name of Child					
Name of Child					
Name of Child					

Parent/Carer signature confirming bookingsWhere 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 within 5 days of receiving the invoice. 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: _____