



**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM DECEMBER/JANUARY 2018/2019**

Main Road, BELAIR 5052 S.A. Phone: 8278 7609 Mob: 0447 270 231



**Enrolment Period: From Week 5: Monday 12<sup>th</sup> of November to Week 8: Friday 7<sup>th</sup> December 2018.**

**ALL CHILDREN USING THE OSHC SERVICE MUST COMPLETE THE OSHC ENROLMENT FORM FOR 2019**

**WEEKS 1 - 4 ENROLMENTS/BOOKINGS CLOSE FRIDAY 7<sup>th</sup> December 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 has 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 & 4**

DATE	EXCURSION	CHILD/REN		PARENT SIGN
Tuesday 18 <sup>th</sup> December	Inflatable Zone	1. 3.	2. 4.	
Tuesday 8 <sup>th</sup> January	Picnic at the Park	1. 3.	2. 4.	
Thursday 10 <sup>th</sup> January	Wallis Cinemas Mt Barker	1. 3.	2. 4.	
Tuesday 15 <sup>th</sup> January	Warrawong Wildlife Sanctuary	1. 3.	2. 4.	
Tuesday 22 <sup>nd</sup> January	Bounce	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 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: \_\_\_\_\_

**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE BOOKING FORM FOR Dec 2018 & Jan 2019**

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 ENROLMENTS/BOOKINGS CLOSE FRIDAY 7<sup>th</sup> of December 2018**

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

WEEK 1	Monday 17/12/18	Tuesday 18/12/18	Wednesday 19/12/18	Thursday 20/12/18	Friday 21/12/18
Incursion/Excursion	Games 2 U	Inflatable Zone	Fun Time Kids Parties- Game Show	Clay making and Christmas crafts	Mad Hatters Christmas Party
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 07/01/19	Tuesday 08/01/19	Wednesday 09/01/19	Thursday 10/01/19	Friday 11/01/19
Incursion/Excursion	Slimy Senses Day	Radicool Reptiles & Picnic at Park	Waterslide and Jumping Castle	Wallis Cinemas Mt Barker	Superheroes Spectacular!
Name of Child					
Name of Child					
Name of Child					
WEEK 3	Monday 14/01/19	Tuesday 15/01/19	Wednesday 16/01/19	Thursday 17/01/19	Friday 18/01/19
Incursion/Excursion	Street SUP	Warrawong Wildlife Sanctuary	Fantasy Mask Making	Fun Time Kids Parties- Water Wars	Silent Disco
Name of Child					
Name of Child					
Name of Child					
WEEK 4	Monday 21/01/19	Tuesday 22/01/19	Wednesday 23/01/19	Thursday 24/01/19	Friday 25/1/19
Incursion/Excursion	Magic Mike	Bounce	Waterslide and Jumping Castle	Indian Bollywood Day	Yoga and Relaxation Day
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. excursion cancellations.

**Dear Parents,****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.**