



BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM APRIL 2019

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

Enrolment Period: From Week 7: Monday 11th March to Week 10: Friday 5th April 2019.



ALL CHILDREN USING THE OSHC SERVICE MUST HAVE A COMPLETED OSHC ENROLMENT FORM FOR 2019

WEEKS 1 - 2 ENROLMENTS/BOOKINGS CLOSE FRIDAY 5th April 2019.

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 are 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 to 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 16 th April	Warrawong Wildlife Sanctuary	1. 3.	2. 4.	
Thursday 18 th April	Wallis Cinemas Mt. Barker & Mt. Lofty Botanic Gdns	1. 3.	2. 4.	
Tuesday 23 rd April	Landsdowne Park	1. 3.	2. 4.	
Wednesday 24 th April	Latitude	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.

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 APRIL 2019**

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**FEES:**

EXCURSION DAY: \$60 7.30AM – 6.00PM

INCURSION DAY: \$50 7.30AM – 6.00PM

All ENROLMENTS/BOOKINGS CLOSE FRIDAY 5th APRIL 2019

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

WEEK 1	Monday 15/04/19	Tuesday 16/04/19	Wednesday 17/04/19	Thursday 18/04/19	Friday 19/04/19
Incursion/Excursion	Tri-Skills & Sky Watch	Warrawong Wildlife Sanctuary	Easter Crafts, Barbecue & Easter Egg Hunt	Movies at Mt. Barker & Mt. Lofty Botanic Gardens	GOOD FRIDAY
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 22/04/19	Tuesday 23/04/19	Wednesday 24/04/19	Thursday 25/04/19	Friday 26/04/19
Incursion/Excursion	EASTER MONDAY	Games in the Park & Mosaic Workshop	Latitude	ANZAC DAY	Human Foosball & Radical Obstacle Course
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. 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/Tuesday and payment is expected by the following Friday.**