



BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM DECEMBER/JANUARY 2020/2021

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

Enrolment Period: From Week 6: Monday 16th of November to Week 8: Friday 4th December 2020.



PARENTS, CARERS OF ALL CHILDREN USING THE OSHC SERVICE MUST COMPLETE THE OSHC ENROLMENT FORM FOR 2021

WEEKS 1 - 4 ENROLMENTS/BOOKINGS CLOSE FRIDAY 4th December 2020

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
Thursday 17 th December	Inflatable World & Wilfred Taylor Reserve	1. 3.	2. 4.	
Thursday 7 th January	Inflatable Zone & Thalassa Park	1. 3.	2. 4.	
Thursday 14 th January	Latitude & Princess Elizabeth Park	1. 3.	2. 4.	
Thursday 23 rd January	Wizbang Family Fun Centre	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 working 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 and filed in OSHC Office.

Parent/Caregiver Signature: _____ Date: _____



FEES:

EXCURSION DAY: \$70 7.00AM – 6.00PM

INCURSION DAY: \$60 7.00AM – 6.00PM

All ENROLMENTS/BOOKINGS CLOSE FRIDAY 4th of December 2019

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

WEEK 1	Monday 14/12/20	Tuesday 15/12/20	Wednesday 16/12/20	Thursday 17/12/20	Friday 18/12/20
Incursion/Excursion	Amazing Magic Mike	Street SUP & Lucky Dip Crafts	Card Making, Collages & Football Skills	Inflatable World & Wilfred Taylor Reserve	The Ugly Christmas T-shirt Party
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 04/01/21	Tuesday 05/01/21	Wednesday 06/01/21	Thursday 07/01/21	Friday 08/01/21
Incursion/Excursion	Hawaiian Beach Party	Art-chery & Mini Paintings	Miniature Gardens & Games	Inflatable Zone & Thalassa Park	Magical Places Workshop & Games
Name of Child					
Name of Child					
Name of Child					
WEEK 3	Monday 11/01/21	Tuesday 12/01/21	Wednesday 13/01/21	Thursday 14/01/21	Friday 15/01/21
Incursion/Excursion	Stufflers as Puppets, Chess & Obstacle Course	Ultimate Water Wars, Water Games & Fibre Arts	VR Incursion	Latitude & Princess Elizabeth Park	Tent City & Survival Day
Name of Child					
Name of Child					
Name of Child					
WEEK 4	Monday 18/01/21	Tuesday 19/01/21	Wednesday 20/01/21	Thursday 22/01/21	Friday 23/1/21
Incursion/Excursion	Dragon & Unicorn Pottery Workshop	Awesome TV Game Show	Nerf Wars	Wizbang Fun Centre	Model Vehicles, Box Robots & Dodgeball
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.
