



PARENTS/ CARERS OF ALL CHILDREN USING THE OSHC SERVICE MUST COMPLETE THE OSHC ENROLMENT FORM FOR 2024

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: \_\_\_\_\_

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.**

Date	Excursion	Child/ren		Signature
Tuesday 19th December 2023	AFL Max	1) 2)	3) 4)	
Wednesday 10th January 2024	Funtopia	1) 2)	3) 4)	
Friday 19th January 2024	Odeon Cinema	1) 2)	3) 4)	
Thursday 25th January 2024	Bounce	1) 2)	3) 4)	

**Please be aware that some sessions fill up quickly, particularly the excursions.**

**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM DEC/JAN 2023/24**

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

**EXCURSION DAY: \$80.00 7.00AM – 6.00PM INCURSION DAY: \$70.00 7.00AM – 6.00PM**

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.

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

WEEK 1	Monday 18th December	Tuesday 19th December	Wednesday 20th December	Thursday 21st December	Friday 22nd December
Incursion/Excursion	Mud, Sticks & Clay	AFL Max Excursion	Wearable Badge Making	Join us in Wonderland	Pamper & Spa Day
Name of Child					
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 8th January	Tuesday 9th January	Wednesday 10th January	Thursday 11th January	Friday 12th January
Incursion/Excursion	Circus Skills	Ultimate Water Wars	Funtopia Excursion	Take the challenge	Tri Skills Gymnastics
Name of Child					
Name of Child					
Name of Child					
Name of Child					
WEEK 3	Monday 15th January	Tuesday 16th January	Wednesday 17th January	Thursday 18th January	Friday 19th January
Incursion/Excursion	Art & Sport Extravaganza	Woodworks Workshop	Sound Engineering Workshop	Ignite VR	Odeon Cinema Excursion
Name of Child					
Name of Child					
Name of Child					
Name of Child					

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WEEK 4	Monday 22nd January	Tuesday 23rd January	Wednesday 24th January	Thursday 25th January	Friday 26th January
Incursion/Excursion	Nerf Wars	Bush Dance	Stop Motion Animation	Bounce Excursion	Public Holiday
Name of Child					
Name of Child					
Name of Child					
Name of Child					

**PARENTS PLEASE SIGN THE CONFIRMATIONS AND DECLARATIONS BELOW:**

Parent/Carer signature confirming bookings \_\_\_\_\_

Where possible, families will be notified of any changes to the vacation care program e.g. excursion cancellations

**Risk Management Declaration:**

Risk Management of staffing ratios has been carried out and control measures implemented to ensure a safe, secure environment for all children and staff attending Vacation Care Excursions.

In case of illness or accident, I authorise the Director 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: \_\_\_\_\_