

BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM July 24

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

**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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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	Excursions	Child/ren		Signature
Tuesday 9th July 2024	Plaster Funhouse	1) 2)	3) 4)	
Thursday 11th July 2024	Inflatable World	1) 2)	3) 4)	
Thursday 18th July 2024	Odeon Star Cinema	1) 2)	3) 4)	
Friday 19th July 2024	Monarto Safari Park	1) 2)	3) 4)	

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



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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 8th July	Tuesday 9th July	Wednesday 10th July	Thursday 11th July	Friday 12th July
Incursion/Excursion	Clay Animation Workshop	Excursion to Plaster Funhouse	Wings of Fire Dragon Quest	Excursion to Inflatable World	Olympics Incursion
Name of Child					
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 15th July	Tuesday 16th July	Wednesday 17th July	Thursday 18th July	Friday 19th July
Incursion/Excursion	Willy Wonka's Chocolate Factory	Pottery Workshop	BeyBlade Tournament	Excursion to Odeon Star Cinema	Excursion to Monarto Safari Park
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: _____