

**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM OCTOBER 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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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	Excursions	Child/ren		Signature
Tuesday 1st October 2024	Zone Bowling	1) 2)	3) 4)	
Thursday 3rd October	Megazone Noarlunga	1) 2)	3) 4)	
Wednesday 9th October	Halloween Birthday Party	1) 2)	3) 4)	
Friday 11th October	Warrawong Wildlife Sanctuary	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 30th September	Tuesday 1st October	Wednesday 2nd October	Thursday 3rd October	Friday 4th October
Incursion/Excursion	Whiteboard Animation	Excursion to Zone Bowling	Silent Disco	Excursion to MegaZone	"Shake it off" Dance Party
Name of Child					
Name of Child					
Name of Child					
Name of Child					

WEEK 2	Monday 7th October	Tuesday 8th October	Wednesday 9th October	Thursday 10th October	Friday 11th October	Monday 14th Oct Pupil Free day
Incursion/Excursion	Public Holiday	Sensory & Mud Play	Halloween Birthday Party	Radicool Reptiles	Excursion to Warrawong Wildlife Sanctuary	Mad Scientist Day
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 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: \_\_\_\_\_