

BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM Dec/Jan 2024-25

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 your 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 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 17th December	Wizbang Family Fun Centre	1) 2)	3) 4)	
Wednesday 18th December	Odeon Star Cinema	1) 2)	3) 4)	
Wednesday 8th January	AFL Max	1) 2)	3) 4)	
Thursday 16th January	Bounce	1) 2)	3) 4)	
Wednesday 22nd January	Koorana Gymnastics	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 16th December	Tuesday 17th December	Wednesday 18th December	Thursday 19th December	Friday 20th December
Incursion/Excursion	Christmas Natural Pamper Gifts	Excursion to Wizbang Family Fun Centre	Excursion to Odeon Star Cinema	Gnomes, Globes, Gingerbread & Grinch	Santa’s Surprise Christmas Party
Name of Child					
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 6th January	Tuesday 7th January	Wednesday 8th January	Thursday 9th January	Friday 10th January
Incursion/Excursion	Dinosaur & Dragon Model Making	DIY Fidget Toys	Excursion to AFL Max	Ice Cream in a Bag	“Everyone Wins a Prize !” Games Day
Name of Child					
Name of Child					
Name of Child					
Name of Child					
WEEK 3	Monday 13th January	Tuesday 14th January	Wednesday 15th January	Thursday 16th January	Friday 17th January
Incursion/Excursion	Slime & Mud Play	Ultimate Water Wars	Pixilation Animation Workshop	Excursion to Bounce	Ignite VR
Name of Child					
Name of Child					
Name of Child					
Name of Child					



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WEEK 4	Monday 20th January	Tuesday 21st January	Wednesday 22nd January	Thursday 23rd January	Friday 24th January
Incursion/Excursion	Sweet Pedals & Wheels	Tropical Wet 'n' Wild Water Day	Excursion to Koorana Gymnastics	Games 2 U	Pyjama Party
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: _____