

BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM APRIL 2025

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
Wednesday 16th April 2025	Inflatable World Modbury	1) 2)	3) 4)	
Wednesday 23rd April 2025	Funtopia	1) 2)	3) 4)	
Thursday 24th April 2025	Monalta Drive Playground	1) 2)	3) 4)	

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



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EXCURSION DAY: \$83.50 7.00AM - 6.00PM INCURSION DAY/ PUPIL FREE DAY: \$73.00 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

Table with columns for WEEK 1 (Monday 14th April to Friday 18th April) and WEEK 2 (Monday 21st April to Friday 25th April, plus Monday 28th April Pupil Free day). Rows include Incursion/Excursion, Name of Child, and specific activities like Easter Bunny Pottery Workshop, Old MacDonald's Travelling Farm, etc.

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: _____