

**BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE**

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

SCHOOL CLOSURE DAY Enrolment Form
5th Sept 2025- Pets, Fidgets & Games Galore!

PARENTS/ CARERS OF ALL CHILDREN USING THE OSHC SERVICE MUST COMPLETE THE OSHC ENROLMENT FORM FOR 2025

Child's Name: _____ D.O.B: _____ Year: _____

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Child's Name: _____ D.O.B: _____ Year: _____

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 signature: _____ Date: _____

PARENT CONSENT: Children must have signed parent consent.

PARENTS PLEASE SIGN THE CONFIRMATIONS AND DECLARATIONS BELOW:

Parent/Carer Signature confirming bookings: _____ Date: _____

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 Pupil Free/School Closure Day.

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 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 Pupil Free/School Closure Day.

Note: Photographs are displayed in OSHC room and then shredded.

Parent/Caregiver Signature: _____ Date: _____