

BELAIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM Dec/Jan 2025-26

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



PARENTS/ CARERS OF ALL CHILDREN USING THE OSHC SERVICE MUST COMPLETE THE ANNUAL OSHC ENROLMENT FOR 2026

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
Wednesday 17th December	Bounce & Playground	1) 2)	3) 4)	
Wednesday 7th January	SA Base Camp	1) 2)	3) 4)	
Tuesday 13 th January	AFL Max	1) 2)	3) 4)	
Thursday 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: \$83.50 7.00AM – 6.00PM**INCURSION 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

WEEK 1	Monday 15th December	Tuesday 16th December	Wednesday 17th December	Thursday 18th December	Friday 19th December
Incursion/Excursion	Mobile Junk Nature Playground	Xmas Tree Pottery Workshop	Excursion to Bounce & Playground	DIY Xmas-Themed Fidget Toys	Santa's Surprise Christmas Party
Name of Child					
Name of Child					
Name of Child					
Name of Child					
WEEK 2	Monday 5th January	Tuesday 6th January	Wednesday 7th January	Thursday 8th January	Friday 9th January
Incursion/Excursion	Ultimate Water Wars	Ultimate KPOP Disco Party	Excursion to SA Base Camp	Ignite Virtual Reality	Talent & Game Show
Name of Child					
Name of Child					
Name of Child					
Name of Child					
WEEK 3	Monday 12th January	Tuesday 13th January	Wednesday 14th January	Thursday 15th January	Friday 16th January
Incursion/Excursion	Pokemon DIY Fidgets	Excursion to AFL Max	Mud, Sticks, Clay & Nature Play	Nerf Wars & Challenges	Quest for Fantastic Creatures
Name of Child					
Name of Child					
Name of Child					
Name of Child					



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WEEK 4	Monday 19th January	Tuesday 20th January	Wednesday 21st January	Thursday 22nd January	Friday 23rd January
Incursion/Excursion	Messy Sensory Play & Water Games	Lego Animation Workshop	Wearable Badge Making & Accessories	Excursion to Koorana Gymnastics	At-Home Fun Day at OSHC
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 OSCHC 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 OSCHC room and filed in OSCHC Office.

Parent/Caregiver Signature: _____ **Date:** _____