

BELAIR PRIMARY SCHOOL OSHC Vacation Care/Pupil Free Day ENROLMENT FORM April 2026

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



PARENTS/ CARERS OF ALL CHILDREN USING THE OSHC SERVICE MUST COMPLETE THE OSHC ENROLMENT REQUEST 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 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 14 th April	Excursion to Funtopia	1) 2)	3) 4)	
Thursday 16 th April	Excursion to Cinema - Magic Faraway Tree	1) 2)	3) 4)	
Tuesday 21 st April	Excursion to Cinema - Mario Galaxy Movie	1) 2)	3) 4)	
Thursday 23 rd April	Excursion to 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: \$86.50 7.00AM - 6.00PM INCURSION DAY/ PUPIL FREE DAY: \$75.50 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 13th April	Tuesday 14th April	Wednesday 15th April	Thursday 16th April	Friday 17th April
Incursion/Excursion	Teddy Bear Picnic	Excursion to Funtopia	Whiteboard Animation	Excursion to Cinema - Magic Faraway Tree	Silent Disco
Name of Child					
Name of Child					
Name of Child					
Name of Child					

WEEK 2	Monday 20th April	Tuesday 21st April	Wednesday 22nd April	Thursday 23rd April	Friday 24th April
Incursion/Excursion	Woodworking with Harris	Excursion to Cinema - Mario Galaxy Movie	Spongebob Fidgets, Crafts & Games	Excursion to Warrawong Wildlife Sanctuary	Radicool Reptiles
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: _____