BELAIR PRIMARY SCHOOL OSHC
VACATION CARE/INCURSION/ PUPIL FREE DAY ENROLMENT FORM
September/October 2026
Main Road, Belair 5052 S.A. Phone: 8278 7609

IMPORTANT:
Parents/carers of all children using the OSHC service must complete the 2026 OSHC Enrolment Request before making any Vacation Care bookings.

Child's Name:_____ D.O.B:_____Year: _____School:_____

Child's Name:_____ D.O.B:_____Year: _____School:_____

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 OR 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 CONSENT: Children must have signed parent consent for all excursions. Please sign below.

Date	Excursions	Child/ren	Does your child get bus sick ?	Signature
Tuesday 29th September	Inflatable World	1) 2) 3)		
Thursday 1st October	Mount Barker Cinema	1) 2) 3)		
Wednesday 7th October	Monarto Safari Park	1) 2) 3)		

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.

Parent/carer signature: _____

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 28th September	Tuesday 29th September	Wednesday 30th September	Thursday 1st October	Friday 2nd October
Incursion/Excursion	Games 2U Game Bus & Games	Excursion to Inflatable World	Clay Animation Workshop	Excursion to Mount Barker Cinema	Masterchef & Kupcake Kreations
Name of Child					
Name of Child					
Name of Child					

WEEK 2	Monday 5th October	Tuesday 6th October	Wednesday 7th October	Thursday 8th October	Friday 9th October	Monday 12th October
Incursion/Excursion	Public Holiday	Game Show	Excursion to Monarto Safari Park	Pirates & Treasure Ahoy!	Archery Skills	Martial Arts & Self Defence
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:**_____