BELAIR PRIMARY SCHOOL OSHC
VACATION CARE/INCURSION/ PUPIL FREE DAY ENROLMENT FORM
December/January 2026/27
Main Road, Belair 5052 S.A. Phone: 8278 7609

IMPORTANT:
Parents/carers of all children using the OSHC service must complete the 2027 OSHC Online Enrolment Process before making any Vacation Care bookings for January 2027.

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
Wednesday 16th December	Bounce	1) 2) 3)		
Thursday 7th January	AFL Max	1) 2) 3)		
Tuesday 12th January	Koorana Gymnastics	1) 2) 3)		
Wednesday 20th January	Funtopia Prospect	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 14th December	Tuesday 15th December	Wednesday 16th December	Thursday 17th December	Friday 18th December
Incursion/Excursion	Squishy Creations & Xmas Feast Platters	Reindeer Clay Creations	Excursion To Bounce & Playground	Ultimate Water Challenge	Santa's Surprise Christmas Party
Name of Child					
Name of Child					
Name of Child					

Week 2	Monday 4th January	Tuesday 5th January	Wednesday 6th January	Thursday 7th January	Friday 8th January
Incursion/Excursion	Wriggle Carts & Minecraft	GooRoo Lego Animations	Wheels & Wriggle Carts	Excursion to AFL Max	Enchanted Garden Creations
Name of Child					
Name of Child					
Name of Child					

WEEK 3	Monday 11th January	Tuesday 12th January	Wednesday 13th January	Thursday 14th January	Friday 15th January
Incursion/Excursion	Sensory Slime Extravaganza	Excursion to Koorana Gymnatics	Lego Build & Demolition	Tropical Wet 'n' Wild Water Play Day	Badge Making & Accessories
Name of Child					
Name of Child					
Name of Child					

WEEK 4	Monday 18th January	Tuesday 19th January	Wednesday 20th January	Thursday 21st January	Friday 22nd January	Monday 25h January
Incursion/Excursion	Animals Anonymous Wildlife Encounter	Cupcake Decorating & Playing with paint	Excursion to Funtopia	Ignite Virtual Reality	Magic Mike Magic Show & Disco	Spa & Pamper Day
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:**_____