

Snug Primary School
Outside School Hours Care
Re-Enrolment Form
2018



Snug.Primary.OSHC@education.tas.gov.au

6267 9230

0419 881 165



Child Details

Given Name: _____

Surname: _____

Preferred Name: _____

Address: _____

Suburb: _____

Postcode: _____

Please read carefully and tick or cross the boxes relevant to your child:

- ☐ My child has a sibling attending another approved centre on a weekly basis
Sibling's name/s: _____
- ☐ My child has the following allergies: _____

- ☐ My child suffers from: **Anaphylaxis / Asthma / Diabetes / Epilepsy / Other**. A copy of the Health Management/Action Plan will be updated by our Doctor, signed and stamped, accompanied with this re-enrolment form.

- ☐ My child has had immunisations since last year. A copy of the updated Immunisation Record will be attached.
- ☐ My child is on regular medication. I will supply a related Medical Authorisation Record.

Parent Permissions

*I do / do not give permission for my child to **receive emergency services** (medical, hospital, ambulance)*

*I do / do not give permission for my child to have **photographs** taken for displays within the service.*

*I do / do not give permission for my child to have **photographs** taken for displays outside of the service (school newsletters, media, internet/Facebook, and advertising).*

*I do / do not give permission for my child to have **photographs** taken for our daily reflections and observations.*

*I do / do not give permission for my child to **use the services sunscreen**. (if your child does not use OSHC sunscreen, please provide your own)*

Parent / Guardian Signature _____



Parent/Guardian Details

Parent/Guardian 1

Title: _____

First Name: _____

Surname: _____

Home address: _____

Suburb: _____

Post code: _____

Postal Address: _____

Home Phone no: _____

Mobile no: _____

Email Address: _____

Place of Employment:

Work address: _____

Suburb: _____

Phone: _____

Parent/Guardian 2

Title: _____

First Name: _____

Surname: _____

Home address: _____

Suburb: _____

Post code: _____

Postal Address: _____

Home Phone no: _____

Mobile no: _____

Email Address: _____

Place of Employment:

Work address: _____

Suburb: _____

Phone: _____

**How would you like the accounts
to be sent to you?**

- ☐ **Emailed**
- ☐ **Posted**



Authorised to collect/Emergency Contacts

Can you supply at least two contacts that, if we cannot contact you, we can call if your child is unwell or in the case of an emergency, including a bushfire emergency.

The people listed below will be authorised to collect your child from the service.

<p>1.</p> <p>Relationship to child: _____</p> <p>Title: _____</p> <p>Name: _____</p> <p>Home address: _____</p> <p>Suburb: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p>	<p>2.</p> <p>Relationship to child: _____</p> <p>Title: _____</p> <p>Name: _____</p> <p>Home address: _____</p> <p>Suburb: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p>
<p>3.</p> <p>Relationship to child: _____</p> <p>Title: _____</p> <p>Name: _____</p> <p>Home address: _____</p> <p>Suburb: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p>	<p>4.</p> <p>Relationship to child: _____</p> <p>Title: _____</p> <p>Name: _____</p> <p>Home address: _____</p> <p>Suburb: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p>



Booking Form

Today's Date ____/____/____

Before School Care:		
Commencement Date: ____/____/____		
7:00am-8:30am \$13	Permanent	Casual
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

After School Care:					
Commencement Date: ____/____/____					
	Permanent				Casual
	2:50-4:50 \$16	2:50-5:50 \$24	2:50-6:20 \$28	2:50-6:30 \$32	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

When requesting a casual booking, please email the service with dates and potential pickup/drop off times.

Casual bookings will be accepted subject to availability.





Minor Excursion Consent Form

Dear Parents/Guardians

Throughout the year we would like to explore our community, and would like to arrange minor excursions to the beach, fire station, over the bridge, duck ponds and to the residents at Snug Village.

Rather than have parents/guardians sign a permission from each time we have a local walking excursion planned, we ask that you complete this form below to cover any local walking excursions throughout the year.

We will advise you of any dates and times prior to any excursion happening during the school year where collection times of your children may need to be adjusted where possible.

Important Information

All near water excursions, our ratios will be maintained at 1:7 with approximately 30 children attending with 5 educators.

Other local excursions within our community our ratios will be maintained at 1:10 with approximately 30 children attending with 3 to 4 educators.

A risk assessment will be completed prior to the excursion and will be made available for families to view.

I _____ give permission for my child

_____ to attend any minor walking excursions that involve travelling away from the service during the school year.

Signed _____

Date _____