

Snug Primary School
Outside School Hours Care
Enrolment Form
2018

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

6267 9230

0419 881 16





Child Details

Given Name: _____

Date of Birth: ____ / ____ / ____

Surname: _____

Preferred Name: _____

Gender: Male / Female

CRN: _____

Address: _____

Suburb: _____

Postcode: _____

Place of Birth: _____

Languages spoken at home other than English: _____

Does your child identify as either of the following (please circle):

Aboriginal and/or **Torres Strait Islander**

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

Siblings name/s: _____

- ☐ My child has the following dietary needs due to allergies, religion, beliefs, etc.

- ☐ My child is immunised. A copy of the Immunisation Record will be attached.

- ☐ I have chosen not to have my child immunised. *Documentation in the form of a Statutory Declaration must be provided before your child can attend – See Immunisation Policy.*

- ☐ There are court orders in place in relation to my child. I will supply the service with the documentation.

- ☐ I give permission for my child to participate in celebrations in OSHC such as Christmas, Birthdays, Easter, Ramadan, Diwali, etc. If not, please describe:

Is there anything else you would like us to know that will assist us in getting to know your child? For example, likes, dislikes, behaviour management, needs, strengths:



Medical Details

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

- ☐ 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 completed by our Doctor, signed and stamped, accompanied with this enrolment form.

- ☐ My child is on regular medication. I will supply a related Medical Authorisation Record.
- ☐ Other relevant medical history:

Child's Doctor: _____

Phone: _____

Address: _____

Child's Dentist: _____

Phone: _____

Address: _____

Medicare Number: _____

Private Health Fund Details: _____

Do you have any religious requirements in case of an accident?

Parent/Guardian Details

Parent/Guardian 1

Relationship to child: _____

Title: _____

First Name: _____

Surname: _____

Home address: _____

Suburb: _____

Post code: _____

Postal Address: _____

Home Phone no: _____

Mobile no: _____

D.O.B: _____

Email Address: _____

CRN: _____

Cultural Background: _____

Language Spoken: _____

Place of Employment: _____

Work address: _____

Suburb: _____

Phone: _____

Parent/Guardian 2

Relationship to child: _____

Title: _____

First Name: _____

Surname: _____

Home address: _____

Suburb: _____

Post code: _____

Postal Address: _____

Home Phone no: _____

Mobile no: _____

D.O.B: _____

Email Address: _____

CRN: _____

Cultural Background: _____

Language Spoken: _____

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.

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

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 _____



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 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 _____