

Snug Primary School
Outside School Hours Care
Re-Enrolment Form
2019



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

6267 9230

0419 881 165

CCS Service ID: 190008278V

ABN: 15 488 463 060



Child Details

Name: _____ Surname: _____ DOB: DD / MM / YYYY

Please complete each section where the following information has changed within the last 12 months.

Has your child's address changed in the past 12 months? **YES / NO**

If yes, please provide the current address:

Has your child's medical practitioner changed in the past 12 months? **YES / NO**

If yes, please provide new details below: (Name/Practice, address, and contact number)

Has your child's dentist changed in the past 12 months? **YES / NO**

If yes, please provide new details below: (Name/Practice, address, and contact number)

My child's medical information has altered in the past 12 months **YES / NO**

If yes, please provide new details: _____

- ☐ My child has been medically diagnosed with (Please circle as applicable):
Anaphylaxis/Asthma/Diabetes/Epilepsy/Other _____
- ☐ I understand that where my child has been diagnosed medical condition, they must not attend SPSOSHC without their current Medical Management Action Plan, Risk Minimisation Plan and prescribed medication.
- ☐ A copy of the Medical Management Action Plan, completed by our Doctor, is attached.
- ☐ My child is prescribed a regular medication and I will ensure a related Medical Authorisation Record is completed.
- ☐ My Child has been medically immunised since the last provided Immunisation Record. A new and updated Immunisation Record is attached



Parent Permissions

Please complete each section of 'Parent Permissions'.

- ☐ I **do / do not** give permission for my child to receive **medical, hospital** or **ambulance** treatment or care (including ambulance transport or treatment/care from Emergency Services).
- ☐ I **do / do not** give permission for my child to have **photographs** taken and be displayed at the service.
- ☐ I **do / do not** give permission for my child to have **photographs** taken for displays outside of the service (e.g. school newsletters, media, internet/Facebook, and advertising).
- ☐ I **do / do not** give permission for my child to have **photographs** taken for Storypark (Group stories/photos (2 or more children) will only be shared with the families of children tagged in the story).
- ☐ I **do / do not** give permission for my child to **use the services sunscreen**. (Where your child does not use SPSOSHC sunscreen, you must provide your own).

Is there any additional information you would like us to know about?



Parent/Guardian Details

Please complete each section where the information has altered within the last 12 months.

Parent/Guardian 1

Title: _____

First Name: _____

Surname: _____

Home address **YES / NO**

Postal address **YES / NO**

Mobile/home phone number/email **YES / NO**

Place of employment (Place, phone number, address) **YES / NO**

Parent/Guardian 2

Title: _____

First Name: _____

Surname: _____

Home address **YES / NO**

Postal address **YES / NO**

Mobile/home phone number/email **YES / NO**

Place of employment (Place, phone number, address) **YES / NO**

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

(Accounts are addressed and sent to **Parent/Guardian 1**)

☐ **Emailed** ☐ **Posted**

Parent/Guardian Signature: _____

Date: _____



Authorised to Collect/Emergency Contacts

Where the authorised/emergency contacts have altered, please complete the following section, ensuring that at least two contacts are recorded.

Authorised/emergency contacts are an authorised nominee who can be contacted:

- If your child is unwell;
- In the case of an emergency (including a bushfire emergency);
- To consent to medical, hospital or ambulance treatment or care;
- To collect your child or authorise for your child to leave the Service premise.

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: _____



Booking Form

Please complete all relevant sections and sign the completed Booking Form.

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

Requested booking times will be confirmed dependant on availability.

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

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

I confirm:

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service(s) and understand the start and end times of these sessions of care.
- That care may be provided on a casual or flexible basis where available at my service(s) at my request and in line with the relevant policies and procedures.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me.

Signature: _____

Date: ____/____/20____