

*Snug Primary School*  
*Outside School Hours Care*  
*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**

Given Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: Male / Female

CRN: \_\_\_\_\_ Date of Birth: DD / MM / YYYY Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Languages spoken at home other than English: \_\_\_\_\_

Does your child identify as (please circle): **Aboriginal** and/or **Torres Strait Islander**

### **Please read carefully and tick/complete the sections relevant to your child:**

- ☐ My child has a sibling attending another approved service on a regular basis.  
Siblings name/s: \_\_\_\_\_
- ☐ My child is medically immunised and a copy of the Immunisation Record is attached.
- ☐ I have chosen not to have my child medically immunised and I am aware of the Service's Exclusion Policy and that this may impact CCS.  
Where a child has not been medically immunised a Statutory Declaration must be provided before your child can attend SPSOSHC. Please refer to the Immunisation Policy for further details.
- ☐ There are Court/Parenting Orders in place in relation to my child and a cop of the Orders is attached.
- ☐ I give permission for my child to participate in celebrations at SPSOSHC such as Christmas, Birthdays, Easter, Ramadan, Diwali, etc. If not, please describe:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Any special considerations for my child including cultural, religious, likes, dislikes, needs, strengths, dietary requirements, behaviour support or additional needs:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Any special considerations (i.e. religious, medical) in case of an accident?  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Details of any dietary restrictions or requirements: \_\_\_\_\_  
\_\_\_\_\_



## **Medical Details**

**Please read carefully and tick/complete the sections relevant to your child:**

My child has been diagnosed with the following medical conditions and/or health care needs:

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- ☐ 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.
- ☐ Other relevant medical history: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Private Health Fund: \_\_\_\_\_



## **Parent Permissions**

I **do / do not** give permission for my child to receive **medical, hospital** or **ambulance** treatment or care (including from Emergency Services).

I **do / do not** give permission for my child to be transported, if required, by an ambulance service.

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. For more information around Storypark please contact us*).

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).



**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: \_\_\_\_\_

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

*(Accounts are addressed and sent to*

**Parent/Guardian 1)**

☐ **Emailed**

☐ **Posted**

**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: \_\_\_\_\_



### **Authorised to Collect/Emergency Contacts**

Please supply at least two contacts that, if we cannot contact you, 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.

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

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

<b>After School Care:</b>					
<b>Commencement Date: ____/____/____</b>					
	<b>Permanent</b>				<b>Casual</b>
	2:50-4:50pm \$16	2:50-5:50pm \$24	2:50-6:20 pm \$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\_\_\_\_