

*Snug Primary School*  
*Outside School Hours Care*  
*Re-Enrolment Form*  
*2020*



*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

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

Medical Practitioner and Dentist and their contact information:

---

---

Medical Information (Allergies, medical conditions, diagnoses) \_\_\_\_\_

---

- ☐ My Child has been medically immunised since the last provided Immunisation Record. A new and updated Immunisation Record is attached
- ☐ 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 with a medical condition, they must not attend SPSOSHC without their current Medical Management Action Plan completed by our Doctor, Risk Minimisation Plan and prescribed medication.  
***If your child already has a Risk Minimisation Plan in place, please contact us for it to be reviewed and updated as needed.***
- ☐ My child is prescribed a regular medication and I will ensure a related Medical Authorisation Record is completed.

## 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 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**

**Parent/Guardian 1**

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Home address

---

---

Postal address

---

---

Mobile and home phone number

---

---

Email

---

---

Place of employment  
(Place, phone number, address)

---

---

---

**Parent/Guardian 2**

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Home address

---

---

Postal address

---

---

Mobile and home phone number

---

---

Email

---

---

Place of employment  
(Place, phone number, address)

---

---

---

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

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

☐ **Emailed**

☐ **Posted**



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

Please supply at least two contacts in case we are unable to contact Parent/Guardian 1 or 2.

<p>Relationship to child: _____</p> <p>Name: _____</p> <p>Home address: _____</p> <p>Suburb: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p>	<p><b>Authorised to (please tick):</b></p> <p><input type="radio"/> Collect your child/ren from the service</p> <p><input type="radio"/> Contact and collect if your child/ren are unwell</p> <p><input type="radio"/> Collect/contact in the case of an emergency (including a bushfire emergency)</p> <p><input type="radio"/> Consent to medical, hospital or ambulance treatment or care</p> <p><input type="radio"/> Sign any forms e.g. incident, excursion permission</p>
<p>Relationship to child: _____</p> <p>Name: _____</p> <p>Home address: _____</p> <p>Suburb: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p>	<p><b>Authorised to (please tick):</b></p> <p><input type="radio"/> Collect your child/ren from the service</p> <p><input type="radio"/> Contact and collect if your child/ren are unwell</p> <p><input type="radio"/> Collect/contact in the case of an emergency (including a bushfire emergency)</p> <p><input type="radio"/> Consent to medical, hospital or ambulance treatment or care</p> <p><input type="radio"/> Sign any forms e.g. incident, excursion permission</p>
<p>Relationship to child: _____</p> <p>Name: _____</p> <p>Home address: _____</p> <p>Suburb: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p>	<p><b>Authorised to (please tick):</b></p> <p><input type="radio"/> Collect your child/ren from the service</p> <p><input type="radio"/> Contact and collect if your child/ren are unwell</p> <p><input type="radio"/> Collect/contact in the case of an emergency (including a bushfire emergency)</p> <p><input type="radio"/> Consent to medical, hospital or ambulance treatment or care</p> <p><input type="radio"/> Sign any forms e.g. incident, excursion permission</p>
<p>Relationship to child: _____</p> <p>Name: _____</p> <p>Home address: _____</p> <p>Suburb: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p>	<p><b>Authorised to (please tick):</b></p> <p><input type="radio"/> Collect your child/ren from the service</p> <p><input type="radio"/> Contact and collect if your child/ren are unwell</p> <p><input type="radio"/> Collect/contact in the case of an emergency (including a bushfire emergency)</p> <p><input type="radio"/> Consent to medical, hospital or ambulance treatment or care</p> <p><input type="radio"/> Sign any forms e.g. incident, excursion permission</p>



# 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\_\_\_\_