

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.

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