

Snug Primary School
Outside School Hours Care
Re-Enrolment Form
2021



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 (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 has been medically immunised since the last provided Immunisation Record. A new and updated Immunisation Record is attached
- ☐ 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'.

Do you authorise the service to seek medical treatment for your child from a medical practitioner, hospital or ambulance?	YES / NO
Do you consent for your child to be transported by an ambulance?	YES / NO
Do you consent for your child to have photos taken during normal activities within the service and on excursions for: <ul style="list-style-type: none"> a. Displays within the service b. Displays outside of the service (e.g. school newsletters, media, internet/Facebook, and advertising). c. <u>Group stories/observations for Xplor</u> (Group stories/photos [2 or more children]) will only be shared with the families of children tagged in the story). 	a. YES / NO b. YES / NO c. YES / NO
Do you consent for your child to use the services sunscreen? (Where your child does not use SPSOSHC sunscreen, you must provide your own).	YES / NO

Any other details: _____



Parent/Guardian Details

Parent/Guardian 1

Title: _____

First Name: _____

Surname: _____

Home address: _____

Postal address: _____

Mobile number: _____

Home phone: _____

Email: _____

Place of employment/study:

Address: _____

Email:

Work/study phone: _____

Parent/Guardian 2

Title: _____

First Name: _____

Surname: _____

Home address: _____

Postal address: _____

Mobile number: _____

Home phone: _____

Email: _____

Place of employment/study:

Address: _____

Email:

Work/study phone: _____

Accounts are emailed to Parent/Guardian 1 at the end of each month.

Accounts are updated weekly and are viewable from Xplor Home.



Authorised to Collect/Emergency Contacts

Please supply **at least two contacts** in case we are unable to contact Parent/Guardian 1 or 2. These contacts can also/instead be invited as a 'Hub Guest' via your Xplor account.

Please Note: ALL PERSONS authorised to collect your child or give permission in relation to your child MUST be listed on this Enrolment Form in addition to being included in your XPLOR account.

<p>Relationship to child: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone/Mobile: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p>	<p>Authorised to (please tick):</p> <ul style="list-style-type: none"> <input type="radio"/> Collect your child/ren from the service (inc. if child is unwell) <input type="radio"/> Collect/contact in the case of an emergency (including a bushfire emergency) <input type="radio"/> Consent to medical, hospital or ambulance treatment or care <input type="radio"/> Consent to leave the service including for excursions and regular outings
<p>Relationship to child: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone/Mobile: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p>	<p>Authorised to (please tick):</p> <ul style="list-style-type: none"> <input type="radio"/> Collect your child/ren from the service (inc. if child is unwell) <input type="radio"/> Collect/contact in the case of an emergency (including a bushfire emergency) <input type="radio"/> Consent to medical, hospital or ambulance treatment or care <input type="radio"/> Consent to leave the service including for excursions and regular outings
<p>Relationship to child: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone/Mobile: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p>	<p>Authorised to (please tick):</p> <ul style="list-style-type: none"> <input type="radio"/> Collect your child/ren from the service (inc. if child is unwell) <input type="radio"/> Collect/contact in the case of an emergency (including a bushfire emergency) <input type="radio"/> Consent to medical, hospital or ambulance treatment or care <input type="radio"/> Consent to leave the service including for excursions and regular outings
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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____