

*Snug Primary School
Outside School Hours Care
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

Given Name(s): _____ Surname: _____

Preferred Name: _____ Gender: Male / Female

CRN: _____ Date of Birth: DD / MM / YYYY Country 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 copy of the Orders is attached.
- ☐ I give permission for my child to participate in celebrations at SPSOSHC such as Christmas, Birthdays, Easter, 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 (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

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



Parent/Guardian Details

Parent/Guardian 1

Relationship to child: _____

Title: _____

First Name: _____

Surname: _____

D.O.B: _____

CRN: _____

Cultural Background: _____

Language Spoken: _____

Home Address: _____

Suburb: _____

Postcode: _____

Postal Address: _____

Home Phone No: _____

Mobile No: _____

Email Address: _____

Place of Employment:

Work Address: _____

Suburb: _____

Phone: _____

Email: _____

Parent/Guardian 2

Relationship to child: _____

Title: _____

First Name: _____

Surname: _____

D.O.B: _____

CRN: _____

Cultural Background: _____

Language Spoken: _____

Home Address: _____

Suburb: _____

Post ode: _____

Postal Address: _____

Home Phone No: _____

Mobile No: _____

Email Address: _____

Place of Employment:

Work Address: _____

Suburb: _____

Phone: _____

Email: _____

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.

Relationship to child: _____ Name: _____ Address: _____ Phone/Mobile: _____ Work Phone: _____ Email: _____	Authorised to (please tick): <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
Relationship to child: _____ Name: _____ Address: _____ Phone/Mobile: _____ Work Phone: _____ Email: _____	Authorised to (please tick): <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	2:50-6:20 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____