

*Snug Primary School*  
*Outside School Hours Care*  
*Enrolment Form*  
*2022*

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: \_\_\_\_\_

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

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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:

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**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: <b>a.</b> Displays within the service <b>b.</b> Displays outside of the service (e.g. school newsletters, media, internet/Facebook, and advertising). <b>c.</b> Group stories/observations for Xplor (Group stories/photos [2 or more children]) will only be shared with the families of children tagged in the story).	<b>a.</b> YES / NO <b>b.</b> YES / NO <b>c.</b> 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/Study:

\_\_\_\_\_

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/Study:

\_\_\_\_\_

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.

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

<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\_\_\_\_