

Snug Primary School
Outside School Hours Care
Re-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

Name: _____ Surname: _____ DOB: DD / MM / YYYY

Preferred Name: _____ Gender: _____

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 the 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. 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). 	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: _____

Mobile number: _____

Home phone: _____

Email: _____

Place of employment/study:

Address: _____

Email:

Work/study phone: _____

Parent/Guardian 2

Title: _____

First Name: _____

Surname: _____

Home 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

If your Authorised to collect/emergency contact information has changed from last years, or you would like to verify who is listed, please contact us to have this information confirmed and/or updated.

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____