

Snug Primary School
Outside School Hours Care
Enrolment Form
2023

grace.garwood@decyp.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):

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: 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 |



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>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>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>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>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 |



Booking Form

Please complete all relevant sections and sign the completed Booking Form.

- Requested bookings will be confirmed dependant on availability
- When requesting a casual booking, please email the service or request via Xplor. Please include the date and potential drop off/pick up times
- Vacation Care bookings are taken separately
- All fees are before Child Care Subsidy
- Fortnightly bookings are possible – please email to confirm your needs

| Session Times and Fees | | |
|---------------------------|--------------------------------|------|
| Before School Care | 7am – 8:30am | \$15 |
| After School Care | Kinder Session 2:30pm – 2:50pm | \$5 |
| | Half Session – 2:50pm – 5pm | \$20 |
| | Full Session - 2:50pm – 6:30pm | \$30 |

| Before School Care | | | | | |
|--------------------|--------|---------|-----------|----------|--------|
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| Permanent | | | | | |
| Casual | | | | | |

| After School Care | | | | | |
|--------------------------------|--------|---------|-----------|----------|--------|
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| Permanent Half Session | | | | | |
| Permanent Full Session | | | | | |
| Casual | | | | | |
| Kinder Session 2:30pm – 2:50pm | | | | | |

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____