

Outside School Hours Care

Expression of Interest



Dear Parent/Caregiver

To assist us in allocating a space for your child at our centre, please complete the following information.

NB: an Enrolment Form for the requested year will be forwarded on receipt of Expression of Interest Form.

This Expression of Interest is for the following children:

| | | First Name | Surname | Year Level | Date of Birth | CRN (Centrelink) |
|----------------|---|------------|---------|------------|---------------|------------------|
| Childs Name | 1 | | | | | |
| | 2 | | | | | |
| | 3 | | | | | |
| | 4 | | | | | |

| | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| Before School Care | | | | |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| After School Care | | | | |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |

Start Date Required: _____

| First Parent/Carer (Person the child/ren reside with) | Second Parent/Carer |
|--|----------------------------|
| First Name | First Name |
| Surname | Surname |
| Date of Birth | Date of Birth |
| Centrelink CRN | Centrelink CRN |
| Relationship to Child | Relationship to Child |
| Postal Address | Postal Address |
| Home phone | Home phone |
| Mobile phone | Mobile phone |
| Email address | Email address |

Signed: _____

Date: _____