

# Outside Schools Hours Care

## Expression of Interest Form



Dear Parent/Caregiver

To assist us in allocating a space for your child at our centre, please complete the following information. This Expression of Interest is for the following children:

	First Name	Surname	Year Level	Year Required
Child's name	1			
	2			
	3			
	4			

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

Start Date Required : \_\_\_\_\_

<b>First Parent/Carer</b> <small>(Person the child/children reside with)</small>	<b>Second Parent/Carer</b>
First name	First name
Surname	Surname
Date of birth	Date of birth
Relationship to child	Relationship to child
Postal Address	Postal Address
Home phone	Home phone
Mobile phone	Mobile phone
Email	Email

Signed: \_\_\_\_\_

Date: \_\_\_\_\_