

Expression of interest

Preferred days of attendance *(please select)*

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casual days only

Child details	Child 1	Child 2	Child 3
Surname			
Given name(s)			
D.O.B.			
Gender	Male Female	Male Female	Male Female
School attending			
Class year			
Proposed start date			

Parent/Guardian 1			Parent/Guardian 2		
Full name:			Full name:		
DOB:			DOB:		
Relationship to child:			Relationship to child:		
Address:			Address:		
AH:	M:	W:	AH:	M:	W:
Email:			Email:		

Other relevant information

Reason for care:

Does your child have an additional need or require support? No Yes *(Please provide details.)*

Does your child have any allergies? No Yes *(Please provide type of allergy and details.)*