

Expression of interest

Preferred days of attendance *(please select)*

Date of application:

	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"/>

Casual days only

Child details	Child 1	Child 2	Child 3
First Name			
Last name			
D.O.B.			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> 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:		
T:	M:	W:	T:	M:	W:
Email:			Email:		

Other relevant information

Reason for care:

Other relevant information

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.)*

Work / Training / Study status *(Please indicate which of the following applies to you and, if relevant to your partner.)*

Parent / Guardian / Carer

Working full time Working part time Training / Studying

Partner

Working full time Working part time Training / Studying

Access priority

Does your child or your family identify as Aboriginal or Torres Strait Islander? No Yes

Does your child or someone in your immediate family have a disability? No Yes

Does your child speak primarily another language other than English? No Yes, _____
(Provide Language)

Does your family hold a low-income Health Care Card? No Yes

Are you a sole parent? No Yes