

Expression of interest

Preferred days of attendance *(please select)*

	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival time					
Departure time					

Selected days flexible

Child details

Surname:		Given name(s):	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.	Proposed start date:

Parent / Guardian 1

Parent / Guardian 2

Full name:			Full name:		
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.)*

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