

Outside School Hours Care Enrolment Expression of Interest

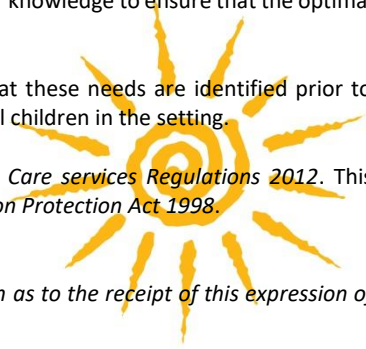
Name of Service:

You have enquired about placing your child in Outside School Hours Care (OSHC). The following information is required **prior to the commencement** of the enrolment process. It is important that you complete all sections to the best of your knowledge to ensure that the optimal placement of your child can be considered.

Children with medical and special care needs often have additional support requirements. It is vital that these needs are identified prior to enrolment as some modifications to services and resources may be necessary to best accommodate for all children in the setting.

The provision of personal information about your child is required under the *National Education and Care services Regulations 2012*. This information will remain confidential and be stored in accordance with the *Privacy and Personal Information Protection Act 1998*. Further information pertaining to our Privacy Policy and Procedure is available on our website.

Please provide the following information and return to your service of choice. You will be sent notification as to the receipt of this expression of interest. Submission of this form **does not** constitute a guaranteed placement of your child at the service.



Return form to your service Coordinator – Contact details available on the Catholic Early Learning and Care Website:

www.ccelc.catholic.org.au

CHILDREN/S DETAILS

| | Child One | Child Two | Child Three |
|---|----------------------------|----------------------------|---|
| | M <input type="checkbox"/> | F <input type="checkbox"/> | M <input type="checkbox"/> F <input type="checkbox"/> |
| FAMILY NAME: | | | |
| Child's Full Name: | | | |
| Child's Date of Birth: | | | |
| <i>Are there any factors we need to be aware of to ensure that we are able to provide the best care for your child?</i> | | | |

REQUIRED DAYS OF ATTENDANCE

| | Child One | Child Two | Child Three |
|---------------------------|--|--|--|
| Before School Care | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> |
| After School Care | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> |

CONTACT DETAILS:

| | | | |
|---------------------------|---------------------------------------|-------------------|-------------------|
| <i>Name:</i> | <i>Relationship to child/children</i> | | |
| <i>Mailing Address:</i> | | | |
| <i>Telephone Contact:</i> | Home | Mobile (1) | Mobile (2) |
| <i>Email Contact:</i> | Email (1) | | Email (2) |

PRIORITY OF ACCESS GUIDELINES - Please indicate

Set by the Office of Early Childhood Education and Child Care for Approved Child Care Services

Priority One A child at risk of serious abuse and neglect
Priority Two A child of two parents or a single parent working/training/studying
Priority Three Any other child

| | | |
|---|-----------------------|--------------|
| PARENT/GUARDIAN NAME (PLEASE PRINT): | SIGNATURE: | DATE: |
|---|-----------------------|--------------|

| | | |
|-------------------------|-----------------------------------|---|
| Office use only: | | |
| DATE RECEIVED: | <i>Signature of Staff member.</i> | NOTES: |
| / / | | Enrolment package sent: Enrolment package returned: Interview date: |