



Curl Curl North Public School Playfair Road, North Curl Curl NSW, 2099 ABN 39 699 133 800

Contact: (e) bookings@curlykidsoosh.com.au (t) 9905 1213

## Expression of Interest Form

(Please note that this is **NOT** an Enrolment Form)

### SECTION 1: CHILD/REN DETAILS

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current School Year \_\_\_\_\_

- Will you be a new family enrolling (please circle) Yes / No
- Date/Year you require OOSH care from \_\_\_\_\_

What days do you wish your child to attend the service? (please circle)

**Before School Care 6.30am-9am:** Monday Tuesday Wednesday Thursday Friday

**After School Care 3.10pm-6.30pm:** Monday Tuesday Wednesday Thursday Friday

### SECTION 2: PARENT/GUARDIAN DETAILS

**\*\*PLEASE PRINT CLEARLY AS THIS IS THE SERVICE'S CONTACT DETAILS FOR YOU\*\***

Parent / Guardian Name: \_\_\_\_\_

Family Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

### SECTION 3: PRIORITY OF ACCESS

As an Approved Childcare Service we follow the Priority of Access Guidelines as determined by the Australian Government. Where requests for places exceed places available, families with a higher priority will take precedence in the allocation of places. Information provided below will only be used for the purpose of assessing priority and will not be used for any other purpose. In order for us to assess priority, please read carefully and tick any of the categories below that apply to your circumstances. If none of these boxes are ticked, it will delay your registration process.

- Children at risk of serious abuse or neglect.
- Children of a single parent
- or both parents who are working / training / studying as defined under section 14 of the Family Assistance Act.
- Children in Aboriginal and Torres Strait Islander working families
- Children in working families which include a disabled person
- Children in working families on lower incomes (CCB percentage 100%)
- Children in working families with a non-English speaking background
- Children in socially isolated working families
- Children of single working parents (not defined under section 14 of Family Assistance Act.)

Note: Following the above guides, families who live in area will take precedence of priority as per DET regulations.

### SECTION 4: DECLARATION

I hereby declare, that to the best of my knowledge, the information I have provided in this document is true and accurate.

Parent/ Guardian's Full Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

*For your Expression of Interest form to be considered you must complete all sections - thank you.*