Curly Kids OOSH
Curl Curl North Public School Playfair RD, North Curl Curl NSW 2099
Ph: 9905 1213 Email: bookings@curlykidsoosh.com.au

ABN 39 699 133 800

Expression of Interest Form
(Please note that this is NOT an Enrolment Form)

Section 1: Child Details

Child’s Full Name: ________________________________________________________________

Date of Birth: __ ___ / ___ ___ / ___ ___

- Will you be a new family enrolling (please circle) Yes / No
- Are you a family currently enrolled at Curly Kids whose child’s sibling will be needing an enrolment in 2017? (please circle) Yes / No

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 SERVICES CONTACT DETAILS FOR YOU**

Parent / Guardian Name: __________________________________________________________

Family Address: ________________________________________________________________

Contact Number: ________________________________________________________________

Email Address: _________________________________________________________________

Section 3: Priority of access

As an Approved Child Care Service we are required to 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 tick any of the categories below that apply to your circumstances:

☐ 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 provided in this enrolment form is true and accurate.

Parent/ Guardian’s Full Name (please print) __________________________________________

Signature: ____________________________ Date: ___ ___ / ___ ___ / ___ ___ ___ __

For your expression of interest form to be considered you must complete all sections!