



Learning 4 Life

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EXPRESSION OF INTEREST FORM

Priority Category: _____

Starting Date: ____ / ____ / ____

Child's Details: First Name: _____

Family Name: _____

Date of Birth: _____

Brothers and Sisters: please list names and birth dates _____

Home Address: _____

Home Phone Number: _____

Parent 1: Name: _____

Phone Number/s: _____

Workplace: _____

Full Time OR Part Time: _____

Parent 2: Name: _____

Phone Number/s: _____

Workplace: _____

Full Time OR Part Time: _____

Days/Times Required:	Mon	Tues	Wed	Thurs	Fri
Please note that we have a two day per week minimum; there are no places available for one day per week.					
Start					
Finish					

Comment: e.g. any two days, etc. _____

Enrolment date required: _____

I acknowledge that it is my responsibility to contact Coolgardie Children's Centre by November 30 each year to maintain my child's place on the waiting list. If I do not do this, my child will be removed from the waiting list to enable an efficient enrolment process.

Signature: _____ Date: _____

Name of applicant: _____

Submitting this form places your child's name on the waiting list. Certain conditions may result in priority placement for some children. Please contact the centre for further details.