



Learning 4 Life

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Corrimal NSW 2518

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EXPRESSION OF INTEREST FORM (valid for 1 year only)

Please contact the centre by July of each year to reactivate this form. Forms will be destroyed on July 1st each year if no contact has been made during the previous year.

Please keep a copy for your reference and update as required.

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: _____

Email Address: _____

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
Start					
Finish					

Comment: e.g. any two days, any of these days to start, etc. _____

Enrolment date required: _____

Name of applicant: _____

Signature: _____ Date: _____

Submitting this form places your child's name on the waiting list You may wish to contact the centre as your requested start date approaches. See above note for reactivation details. Certain medical conditions may require priority placement for some children. Please contact the centre for further details.