

EXPRESSION  
OF  
INTEREST  
FORM



Child's Surname	
Child's First Name	
Male / Female	
Date of Birth / Age	DOB / AGE
Before School Care Required (Please circle)	MON TUE WED THU FRI
After School Care Required (Please circle)	MON TUE WED THU FRI
Casual Care Only Required (Please circle)	YES / NO
Vacation Care Required	YES / NO
Child's Expected Start Date	
Are you working, looking for work or studying? (Please circle)	Working / Looking for work / Studying
Alternative reason for needing OOSH if none of the above:	(Alternative Reason)
Contact details of the person who completed this form:	Name: Phone: Email: