161-165 Burraneer Bay Road Cronulla NSW 2230 Postal Address- P.O. Box 2881 Taren Point NSW 2229 ABN: 73 217 635 569 E: bringitonbac@yahoo.com

Thank you ©



Phone/Fax- (02) 9544 0429 Hours of Operation-Monday to Friday 7-9.15am and 2:45-6pm CRN: 555 007 153J

EXPRESSION OF INTEREST

Please accept this notice as my expression of interest for care required in 2024.

I understand this notice does not guarantee my desired placing, merely indicates to the centre which sessions I am most wanting to book in on a <u>permanent</u> basis. I also understand the centre will make every attempt to place my child/ren in any and all available sessions. I note that the centre staff will at a later date provide me with a full enrolment form and confirm which sessions I was able to obtain, if any.

PLEASE PRINT <u>CLEARLY</u> Parent/Guardian full name:						
Home address:					Postcode:	
Email:						
dome phone: Mobile:			No. of children needing care:			
Child/ren's full name:						
PLEASE CIRCLE		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Permanent sessions I require:	AM PM	X X	X X	X X	X X	X X
Alternatively, should you only for	esee ne	eding casual (care at this po	oint in time, ple	ase indicate	here
put steps in place, if addition	nal fundi	ng and/or ed	ucators are re	equired to supp	ort these bel	ow needs.
Ī						
 Does your child/ren have any If yes, please state 					Yes	No
	v dietary	needs or alle	ergies we shou	ıld be aware of		No No
If yes, please stateDoes your child/ren have any	v dietary inks witl w if you	needs or alle h BBPS class, give permiss	ergies we show ECT teachers ion for a staf	uld be aware of s to facilitate of f member from	? Yes children's tra	No No nsition into