



## 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 permanent 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 CLEARLY**

Parent/Guardian full name: \_\_\_\_\_

Home address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ No. of children needing care: \_\_\_\_\_

Child/ren's full name: \_\_\_\_\_

**PLEASE CIRCLE**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Permanent sessions I require:	AM X	X	X	X	X
	PM X	X	X	X	X

Alternatively, should you only foresee needing casual care at this point in time, please indicate here

To ensure the best possible start for you and your family, we require the following information:

- Does your child/ren have any diagnosed additional needs/behavioural/social difficulties?  
Yes                      No

Please provide further details in the box below. Please note failure to state any of the above may result in termination of your child's placement. By providing this information, this simply allows us to put steps in place, if additional funding and/or educators are required to support these below needs.

- Does your child/ren have any medical conditions? Asthma, Anaphylaxis etc.      Yes      No  
If yes, please state \_\_\_\_\_
- Does your child/ren have any dietary needs or allergies we should be aware of?      Yes      No  
If yes, please state \_\_\_\_\_

Our service endeavours to build links with BBPS class/ECT teachers to facilitate children's transition into our environment. Please sign below if you give permission for a staff member from our service to exchange information with your child's current and/or future teacher.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide name and details for your child's teacher/s: \_\_\_\_\_

Thank you ☺