



Garfield Street Children's Centre

5 Garfield Street Five Dock, NSW 2046
 Director : Maria Walsh 0416 089 346

EXPRESSION OF INTEREST FORM

CHILD DETAILS			
Surname:			
Other Names:			
Date of Birth:		Phone/Extension:	
Country of Birth:			
Address:		Postcode:	

Language(s) Spoken at Home:	
Does your Child have an illness or disability (Y/N) ?	
If "YES", Brief Detail Please:	

DAYS REQUIRED AND SPECIAL CIRCUMSTANCES

PLEASE MARK THE DAYS ON WHICH YOU REQUIRE CARE FOR YOUR CHILD:							
Monday		Tuesday		Wednesday		Thursday	
						Friday	

YOUR PREFERRED COMMENCEMENT DATE	
** ARE THERE ANY SPECIAL CIRCUMSTANCES RELATING TO YOUR APPLICATION FOR A PLACE IN THE CENTRE (Y/N)?	
If "YES", PLEASE EXPLAIN:	

** : Because our Centre is a registered service under the Federal Government's Child Care Benefit Programme, we are required to assess your application for enrolment by following their guidelines for priority of access.



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DETAILS OF PARENT(S) OR GUARDIAN(S)

Please mark appropriate boxes

Name		Name	
Phone (H)		Phone (H)	
Phone (W)		Phone (W)	
Phone - Mobile		Phone - Mobile	
Email		Email	
Country of Birth		Country of Birth	
WORKING FULL-TIME <input type="checkbox"/> WORKING PART-TIME <input type="checkbox"/> SEEKING EMPLOYMENT <input type="checkbox"/> STUDYING <input type="checkbox"/> PARENTAL LEAVE SINGLE PARENT <input type="checkbox"/>		WORKING FULL-TIME <input type="checkbox"/> WORKING PART-TIME <input type="checkbox"/> SEEKING EMPLOYMENT <input type="checkbox"/> STUDYING <input type="checkbox"/> PARENTAL LEAVE SINGLE PARENT <input type="checkbox"/>	

OTHER INFORMATION

HOW MANY DEPENDENT CHILDREN DO YOU HAVE?	
HOW DID YOU FIND OUT ABOUT THIS CHILD CARE CENTRE?	

Your Name	
DATE:	

If emailing, please send to :
Director@thefamilyworks.com.au