

# catholic out of school hours care

## EXPRESSION OF INTEREST – GOOD SHEPHERD

This form is an Expression of Interest for Catholic Out of School Hours Care (COSHC) at Good Shepherd Plumpton. Completion of this Expression of Interest will place your child/ren onto a Waiting List for positions at COSHC. Positions for 2014 will be offered from 4<sup>th</sup> November, 2013 following the Priority of Access guidelines and will be processed in order that the Expressions of Interest forms are received by COSHC.

### Children's Details

1. Name of Child : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female

CCB Customer Reference Number: \_\_\_\_\_

Care needed in            2014            2015            2016            (Please circle)

2. Name of Child : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female

CCB Customer Reference Number: \_\_\_\_\_

Care needed in            2014            2015            2016            (Please circle)

3. Name of Child : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female

CCB Customer Reference Number: \_\_\_\_\_

Care needed in            2014            2015            2016            (Please circle)

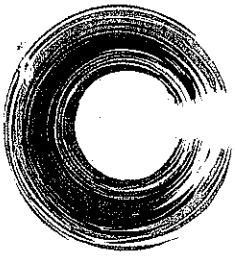
### **Please indicate predicted start and finish times for the days required**

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					

I will only require casual / occasional care at Catholic Out of School Hours Care

I am interested in Vacation Care being provided by Catholic Out of School Hours

Care



# catholic out of school hours care

## **Parent / Carer One (Account Holder)**

Parent / Carer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female

CCB Customer Reference Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

## **Parent / Carer Two**

Parent / Carer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

## **Parent Declaration**

I agree to notify Catholic Out of School hours Care if I no longer require the requested care for 2014

Parent / Carer Name: \_\_\_\_\_

Parent / Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COSHC Registration can also be submitted online at [www.coshc.catholic.edu.au](http://www.coshc.catholic.edu.au)  
then Find a COSHC to locate the Centre at your school**

