

# OOSH CARE AT ST FINBAR'S

## 2018 EXPRESSION OF INTEREST

21 Broughton Street SANS SOUCI  
 Postal Address: PO Box 242  
 SANS SOUCI NSW 2219  
 Phone: 0412 502 806  
 Email: [stfinbarsoosh@hotmail.com](mailto:stfinbarsoosh@hotmail.com)  
 Website: [www.stfinbarsoosh.com.au](http://www.stfinbarsoosh.com.au)

*I am interested in my child/ren attending OOSH Care at St finbar's in 2018.  
 The first step in my family's enrolment process is to submit this completed, 'Expression of Interest' form to OOSH Care at St finbar's, either via email, in person at Kindergarten Orientation Day, or via mail. Once the form has been received, OOSH Care at St finbar's will contact my family direct, providing further information about the service and how to formally enrol.*

*Further information is also available at [www.stfinbarsoosh.com.au](http://www.stfinbarsoosh.com.au)*

### Parent/ Guardian Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Child Details

Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
 Gender: Male [  ] / Female [  ] Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
 Gender: Male [  ] / Female [  ] Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
 Gender: Male [  ] / Female [  ] Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Enrolment Details

Please circle Care type: Permanent / Casual  
 Days of attendance: Please tick the required days of care

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_