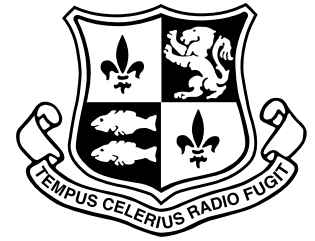


Early Learning Centre

Expression of Interest



Commencement date requested									
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Child's details

Surname					Given names							
Address												
Telephone					Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl						
Nationality					Religion							
Date of birth										Birthplace		

Is the student's mother an Abbotsleigh Old Girl? Yes No Is the student's mother/father an Abbotsleigh staff member? Yes No

Also add any other relatives who have attended Abbotsleigh _____

Sisters currently at Abbotsleigh		Sisters at Abbotsleigh in future				
Name	School year	Name	Year of entry	School year	Accepted list	Waiting list

Languages spoken in the home (please provide details)

Does your child have special needs? (please include medical, dietary, cultural and/or learning needs)

Enrolment details

Please indicate the number of days that care is required (a minimum of 2 days attendance is required) 2 3 4 5

Please specify the actual days required Monday Tuesday Wednesday Thursday Friday

If you require fewer than 5 days per week, are you prepared to accept any days that are allocated?

Yes, I would be happy with any days that can be allocated No, I specifically require the days requested

As days become available all attempts will be made to move children to the parent's first preferences

I/we have other children currently attending the centre I/we wish to enrol a 2nd/other child in the centre

Please state any special circumstances relating to your application for a place in the centre

Parent/Guardian contact details

Mother's details				Father's details			
Surname				Surname			
Given name		Title		Given name		Title	
Contact numbers		Home		Contact numbers		Home	
Work		Mobile		Work		Mobile	
Fax home/work				Fax home/work			
Email				Email			
Occupation or profession				Occupation or profession			
Employer's name				Employer's name			
Business address				Business address			
		Postcode				Postcode	
Days of work				Days of work			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday				<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Hours of work		_____ to _____		Hours of work		_____ to _____	
Is a child care place needed to allow a return to work?				Is a child care place needed to allow a return to work?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
So the centre can comply with regulatory guidelines please indicate any of the following which may apply to you				So the centre can comply with regulatory guidelines please indicate any of the following which may apply to you			
Are you currently		<input type="checkbox"/> working <input type="checkbox"/> seeking work <input type="checkbox"/> studying <input type="checkbox"/> maternity/paternity leave <input type="checkbox"/> single parent <input type="checkbox"/> parent at home <input type="checkbox"/> disabled parent		Are you currently		<input type="checkbox"/> working <input type="checkbox"/> seeking work <input type="checkbox"/> studying <input type="checkbox"/> maternity/paternity leave <input type="checkbox"/> single parent <input type="checkbox"/> parent at home <input type="checkbox"/> disabled parent	
Are you of Aboriginal or Torres Strait Islander origin?				Are you of Aboriginal or Torres Strait Islander origin?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of dependent children				Number of dependent children			
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other _____				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other _____			

For our information

How did you hear about Abbotsleigh's Early Learning Centre?					
<input type="checkbox"/> friend	<input type="checkbox"/> work colleague	<input type="checkbox"/> employer	<input type="checkbox"/> Abbotsleigh website	<input type="checkbox"/> other	_____

PLEASE PRINT AND RETURN THIS FORM TO
 The Director, ELC, Abbotsleigh
 Locked Bag 1666 Wahroonga NSW 2076
 Email elc@abbotsleigh.nsw.edu.au