



St Mary MacKillop
EARLY LEARNING CENTRE

EXPRESSION OF INTEREST FORM

Please complete one form per child.

Please complete and return this form to: St Mary MacKillop Early Learning Centre

Mail: PO Box 500 Thuringowa BC Qld 4817

Fax: 4723 8456 Email: enquiries@earlylearning.tsv.catholic.edu.au

WHICH CENTRE ARE YOU INTERESTED IN?

- () Mundingburra () Rasmussen () Ingham
() Kirwan () Palm Island () Mount Isa

PARENT INFORMATION:

Mother / Guardian:

Surname: _____ Given Names: _____

Address: _____

Place of Work: _____

Phone Numbers: (H) _____ (W) _____ (M) _____

Father / Guardian:

Surname: _____ Given Names: _____

Address: _____

Place of Work: _____

Phone Numbers: (H) _____ (W) _____ (M) _____

Are there any Court Orders in Place? Yes / No. (If yes, please provide copies.)

CHILD'S INFORMATION:

Surname: _____ Given Names: _____

Date of birth: _____ Place of birth: _____ Sex: MF _____

Date contacted (today): _____ Date to start: _____

Cultural background: _____ Language spoken: _____ Religion: _____

YOUR REQUIREMENTS:

() I am requiring childcare on the following days: (Please circle) Mon Tue Wed Thu Fri

() I am enquiring about kindergarten only (the standard two kindergarten days per week 8.30am- 4.30pm)

() I am enquiring about kindergarten + before & after kindergarten care (on kindergarten days only)

() I am enquiring about kindergarten + before & after kindergarten care + childcare on other days (please state what other days you require childcare outside of the kindergarten days: _____)

SPECIAL NEEDS:

Our centres are committed to providing quality childcare for all children including those with special needs or a medical condition. Please provide details if your child has either:

Signature: _____ Date: _____

OFFICE USE ONLY										
PRIORITY GIVEN					DAYS GIVEN					ROOM
1	2	3	4	5	M	T	W	TH	F	