



**Expression of Interest Form
Country Kids Club – Michelago**

To assist us in establishing the new Outside School Hours Care Service for Michelago Public School please complete details below of care that you will require.

Family Details:

Parent / Guardian Name: _____

Email Address: _____

Phone Number: _____

Child Details:

Child/ren's Name/s: _____

Date of Birth: _____

Any Medical and/or Behavioural Conditions (E.g. Asthma, ADHD) Yes /No If Yes please list below

Care Needs:

Preferred Date of First Day of Care: _____

Before School Care

Monday Tuesday Wednesday Thursday Friday (Please Circle or Bold)

After School Care

Monday Tuesday Wednesday Thursday Friday (Please Circle or Bold)

Please do not hesitate to contact us if you require any further information. Enrolment Forms will be forwarded to families throughout December and will be required to be returned at least 2 weeks prior to your child's first session of care.

Thank you we look forward to hearing from you soon

Julia Morphett
Director

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