



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

*To assist us in establishing the new Outside School Hours Care Service for Avoca 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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