

ST RAPHAEL'S OOSH

2017 EXPRESSION OF INTEREST

82 George Street SOUTH HURSTVILLE
 Postal Address: PO Box 242 SANS
 SOUCI NSW 2219
 Phone: 0400 119 971
 Email: straphaelsoosh@hotmail.com
 Website: www.straphaelsoosh.com.au

*I am interested in my child/ren attending St Raphael's OOSH in 2017.
 The first step in my family's enrolment process is to submit this completed, 'Expression of Interest' form to St Raphael's OOSH, either via email, in person at Kindergarten Orientation Day, or via mail. Once the form has been received, St Raphael's OOSH will contact my family direct, providing further information about the service and how to formally enrol.
 Further information is also available at www.straphaelsoosh.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: _____ / _____ / _____

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 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
 Please Note: Before School Care is held at OOSH at SGCS

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

Parent/Guardian Signature: _____ Date: _____