

EXPRESSION OF INTEREST FORM

www.edgekidslife.com.au

Centre: Reynella Findon
Date of application...../...../.....
Child's name.....
Date of birth...../...../..... Male/Female

Parent/Guardian

Name 1

First name.....
Family name.....
Address.....
.....Post code
Home phone.....
Work phone.....
Mobile.....
Email.....

Name 2

First name.....
Family name.....
Address.....
.....Post code
Home phone.....
Work phone.....
Mobile.....
Email.....

Employment/Study of Parent/Guardian

Name 1 (Please tick as applicable)

Working Full time Part time

EKL staff member Seeking work

Studying Other

Name 2 (Please tick as applicable)

Working Full time Part time

EKL staff member Seeking work

Studying Other

Days Requested

Full time Other

(State days required).....

Month & year childcare is required.....

What is your ethnicity/cultural background?.....

The demand for childcare sometimes exceeds supply. When this happens it is important for services to allocate places to those families with the greatest need for childcare support. The Australian Government has Priority Access Guidelines for priority of vacancies, please indicate if the information below applies to you.

Is your child Aboriginal or Torres Strait Islander? Y/N

Does your child have a disability? Y/N

Have you been referred? Y/N

Are you a Health Card holder? Y/N

Are you a single parent? Y/N

I agree to notify the Centre Manager immediately if I no longer require a place for my child at the centre and wish to be removed from the waiting list, or if any of the above information changes in anyway. (Failure to do so may result in loss of position on waiting list.)

Signature of Parent/Guardian

..... Date

Edge Kids Life Reynella
255 Old South Road
Reynella S.A 5161
Phone (08) 8329 2221



Edge Kids Life Findon
241 Grange Road
Findon S.A 5023
Phone (08) 8445 2770

Office use only

Added to waiting list?

Added to roles?

Name Date

Name Date.....

Signature

Signature

Walk Through Conducted with

Follow Up Contact

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