

Puggles Children's Services Van PO Box 61, Tumbarumba 2653 Office: 02 6948 3307 Mobile: 04 2748 3307 Puggles@svc.nsw.gov.au

Puggles Expression of Interest Form

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Date:										
Child 1										
Childs Surname:			First name:		Date of birth:					
Street Address:				Sul	Suburb:			Postcode:		
Allergies: Ad			ditional Needs:		Culture:		Culture:			
Venue / Days inter	ested in pleas	e tick th	ne boxes be	low:						
Khancoban Tarcutta Monday's fortnightly Tuesday weekly			Ladysmith Weekly Wednesdays				Adjungbilly Thursdays fortnightly		Rosewood Friday's weekly	
Seeking casual/permanent positions:			Permanent	t	Casual					
Start date:			1							
Other Information:										
Child 2										
Childs Surname:	Childs Surname:		First name:		D		Date of b	Date of birth:		
Street Address:					Suburb:		Postcode:		code:	
Allergies:			Disabilities:			Culture:				
Venue / Days intereste	ed in please tick	the boxes	below:							
Khancoban			Ladysmith Weekly Wednesdays				Adjungbilly Thursdays fortnightly		Rosewood	
Monday's fortnightly	Tuesday weekly	wee	kiy wednesday	s mur	sday fortnightly		Fridays weekiy		Fridays weekly	
Seeking casual/permanent positions:			Permanent			Casual				
Start date:										
Other Information:										
Barant / Guardian	Information 1									
Parent / Guardian Information 1 Surname:					First Name:					
Relationship to child	:									
Address:					Suburb:			P	ostcode:	
Home Phone:					Work Pho		/ork Phone:	ne:		
Email:				Place of employment:						
Parent/Guardian I	nformation 2									
Surname:					First Name:					
Relationship to child	•									
Address					Suburb:			P	ostcode:	
Home Phone: Mobile:				Work Phone:						
Email: Place of employment:										

Office Use Only							
Date Received:							
Contacted	Date:	Comment					
Enrolment Sent	Date:	Comment					
Enrolment Received	Date:	Comment					