Email: khancobanpreschool@svc.nsw.gov.au

 Phone: 0427540827

 1 Chisholm Street KHANCOBAN NSW 2642

**Expression of Interest Form**

|  |
| --- |
| **Date:** |
| **Childs Surname:** | **First name:** | **Date of birth:** |
| **Street Address:**  | **Suburb:** | **Postcode:** |
| **Allergies:** | **Disabilities:** | **Culture:**  |
| **Days interested in please tick the boxes below:** |
| **Tuesday** | **Wednesday**  | **Thursday**  |
|  |  |  |
| **Seeking casual / permanent positions:** | **Permanent**  |  | **Casual**  |  |
| **Start date:** |
| **Other Information:** |

|  |
| --- |
| **Parent / Guardian Information 1** |
| **Surname:** | **First Name:** |
| **Relationship to child:** |
| **Address:** | **Suburb:**  | **Postcode:**  |
| **Home Phone:** | **Mobile:**  | **Work Phone:** |
| **Email:** | **Place of employment:** |
| **Parent / Guardian Information 2** |
| **Surname:** | **First Name:** |
| **Relationship to child:** |
| **Address:** | **Suburb:**  | **Postcode:**  |
| **Home Phone:** | **Mobile:**  | **Work Phone:** |
| **Email:** | **Place of employment:** |

|  |  |
| --- | --- |
| **Office Use Only** |  |
| Date received: |  |
| Contacted  | Date: |
| Enrolment sent | Date: |
| Enrolment Received | Date |