Mackillop College OSHC Warnervale

- 91 Sparks Road, Warnervale NSW 2259
- **T:** 0409 758 603
- E: oshc.warnervale@catholiccaredbb.org.au
- W: https://www.catholiccaredbb.org.au



Expression of Interest

Preferred days of attendance (please select)

Date of application:

......

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school care					
After school care					
Vacation Care					

□ Casual days only

Child details	Child 1	Child 2	Child 3
First Name			
Last name			
D.O.B.			
Gender	🗆 Male 🛛 Female	🗆 Male 🛛 Female	🗌 Male 🛛 Female
Gender School attending	Male Female	Male Female	Male Female
	Male Female	Male Female	Male Female

Parent/Guardian 1		Parent/Guardian 2			
Full name:		Full name:			
DOB:		DOB:			
Relationship to child:		Relationship to child:			
Address:		Address:			
т:	М:	w :	т:	М:	w :
Email:		Email:			

Other relevant information

Reason for care:

Other relevant information
Does your child have an additional need or require support? Do
Does your child have any allergies? 🔲 No 🗍 Yes (<i>Please provide type of allergy and details.)</i>
Work / Training / Study status (Please indicate which of the following applies to you and, if relevant to your partner.)
Parent / Guardian / Carer Working full time Working part time Partner Working full time Working part time Training / Studying
Access priority Does your child or your family identify as Aboriginal or Torres Strait Islander? No Yes Does your child or someone in your immediate family have a disability? No Yes Does your child speak primarily another language other than English? No Yes, (Provide Language)
Does your family hold a low-income Health Care Card?