

# ST SIMON PETER EARLY LEARNING CENTRE



## Long Day Care Expression Of Interest

Family Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

### We Would like to enrol in:

Long Day Care ☐  
2-5 year old Room ☐

### Days Required:

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Date to  
commence care

*Please be advised that once your enrolment is confirmed you will be required to complete an enrolment form and supply an updated immunisation record. We will need to sight your child's birth certificate and make a copy of it.*

*Children must have reached three years of age or be turning three years of age before the 30th of June the year they are attending.*

*Please note this form is an expression of interest only. Enrolments will open in term 4 the year prior to enrolment.*

Will your child be attending St Simon Peter Catholic Primary School? Yes ☐ No ☐ Unsure ☐

Would you like further information about enrolling at St Simon Peter Catholic Primary School? Yes ☐ No ☐

Date of enquiry: \_\_\_\_\_

Received by: \_\_\_\_\_