

Mackillop College OSHC Warnervale

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W: <https://www.catholiccareddb.org.au>

Expression of Interest

Preferred days of attendance (please select)

Date of application :

	Monday	Tuesday	Wednesday	Thursday	Friday
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Before school care

Other relevant information

Does your child have an additional need or require support? No Yes (Please provide details.)

Does your child have any allergies? No Yes (Please provide type of allergy and details.)

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

Training / Studying

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? No Yes

Are you a sole parent? No Yes