



OATLANDS BEFORE/AFTER SCHOOL

EXPRESSION OF INTEREST FORM

Date received _____

NAME OF CHILD _____

HOME ADDRESS _____

PARENTS COUNTRY OF ORIGIN _____

Email Address _____

DATE OF BIRTH _____ GENDER: MALE ___ FEMALE ___

START DATE _____

PARENTS NAME & MOBILE: MUM: _____

DAD: _____

HOME PHONE NO: _____

PLEASE CIRCLE THE SESSIONS AND DAYS YOU REQUIRE.

BEFORE SCHOOL 7.50 – 8.50AM

MON TUES WEDS THURS FRI

AFTER SCHOOL 13.30 14.30 13.30 – 18.15 14.30 – 15.30 14.30-18.15

MON TUES WEDS THURS FRI