

EXPRESSION OF INTEREST FOR CARE- ECFKI 2024

Earlwood Caring for Kids Inc. (ECFKI) is a community-based, not-for-profit service managed by a volunteer parent committee. We operate before and after school care for the students at Earlwood Public School. ECFKI is in the school grounds & is licensed for 125 places. This form is an **expression of interest** for care in 2024 for new families. Completing this form is **not** a guarantee of care in 2024 & all applications for available positions will be assessed following the Department of Education and Training Priority of Access Guidelines and service policy. Further enrolment information will be sent to families following receipt of this form.

Please complete this form **clearly & in full**.

Forms can **ONLY** be scanned & emailed to the centre, director@caringforkids.org.au. We **cannot accept** a photo of the form. FORMS WILL ONLY BE ACCEPTED **FROM MONDAY 13 NOVEMBER 2023 (and not before)**.

Child's Name-	Date of Birth-
Child's Gender- <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender neutral	Grade in 2024-
Child's Address-	

- Does your child have a disability or special needs status? Yes / No
- Does your child have any of the following? If yes, please circle- 1.Asthma 2. Allergy (non-anaphylactic) 3.Anaphylaxis 4. Diabetes 5. Behavioural Diagnosis 6. Epilepsy 7. Other- please specify:

Request for Permanent Care- please **tick** the sessions you would like to be considered for in 2024.

Before School Care:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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After School Care:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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- Tick here if you **ONLY** require **Casual Care** (casual care has no set pattern and is subject to availability on the day)

Parent's Name-
Parent's Email- (PLEASE WRITE CLEARLY)
Parent's Contact number-

Family Status- This information is required for priority of access and the annual government census we are required to complete. Please tick all that apply and complete the details.

- Two parent/guardian family Working parents- No. of parents working _____
- Single parent/guardian family Single parent working, studying or training-Hours p/wk_____
- Non-English-speaking background Translation required (Verbal &/or written)- Yes or No

Priority of Access- please tick the appropriate box.

- Priority 1 – A child at risk of serious abuse or neglect
- Priority 2 – A child of a single parent, or both parents who satisfy the work, training, study test under section 14 of the Family Assistance Act (The eligible hours for CCS on the child's income Assessment Notice will tell you this.)
- Priority 3 – Any other child **Note-** if you are a two-parent working family, you fall into category 3.