EXPRESSION OF INTEREST FOR CARE- ECFKI 2025

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 located on school grounds & is licensed for 125 places. This form is an **expression of interest** for care in 2025 for new families. Completing this form is **not** a guarantee of care in 2025. 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 11 NOVEMBER 2024 (and not before)**

FAMILY SURNAME-	**ADDRESS-**
CHILD 1: **Full name-** Child's Gender- ☐ Male ☐ Female ☐ Gender neutral Date of birth- Grade in 2025- **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: _____	**CHILD 2:** **Full name-** Child's Gender- ☐ Male ☐ Female ☐ Gender neutral Date of birth- Grade in 2025- **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 2025.

Before School Care	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
After School Care	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday

☐ Tick here if you **ONLY** require **Casual Care** (casual care has no set pattern and is subject to availability on the day)

Parent/Guardian 1	**Parent/Guardian 2**
Parent's Name- Parent's Email- Parent's Best Contact number-	Parent's Name- Parent's Email- Parent's Best 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- please tick

☐ One parent/guardian working
☐ Both parents/guardians working

Single parent/guardian family- How many hours per week do you work, study or train? _____

Non-English-speaking background family- Translation required- Yes or No Written / Verbal (please circle)

Parent/Guardian Signature- **Date-**