



## Children's Room Programs EXPRESSION OF INTEREST 2026

### Parent/Guardian Details:

First Name	Surname

### Email address:

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### Postal Address:

Street Number	Street Name	
Suburb		Postcode

### Contact phone numbers:

Home Phone	Work Phone	Mobile Number

### Child Details:

	First Name	Surname	Date of Birth
1			
2			

### Please tick preferences (tick more than one if required):

	Child 1		Child 2	
Session	Place Requested	Wait List Only	Place Requested	Wait List Only
Monday Occasional Care 8.30am – 4.30pm				
Wednesday Occasional Care 8.30am – 4.30pm				
Thursday Occasional Care 8.30am – 4.30pm				
Friday Occasional Care 8.30am – 4.30pm				

### Comments (if any):


Please return this Expression of Interest to the Beaconsfield Neighbourhood Centre office.

Date Received .....