



## 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<br>8.30am – 4.30pm    |                 |                |                 |                |
| Wednesday Occasional Care<br>8.30am – 4.30pm |                 |                |                 |                |
| Thursday Occasional Care<br>8.30am – 4.30pm  |                 |                |                 |                |
| Friday Occasional Care<br>8.30am – 4.30pm    |                 |                |                 |                |

### Comments (if any):

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|  |
|  |
|  |

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

Date Received .....