



Woodville Gardens
School



Government of South Australia
Department for Education

Indicate : CATERPILLAR / BUTTERFLY

WOODVILLE GARDENS SCHOOL B-6 CHILDREN'S CENTRE (CHILD CARE)
WAITING LIST / EXPRESSION OF INTEREST FORM

DATE: / / DESIRED TIME FOR CARE TO START:

PARENT/GUARDIAN DETAILS

NAME:

ADDRESS:

RELATIONSHIP TO CHILD:

BEST CONTACT NUMBER:

E-MAIL:@.....

REASON FOR CARE:

CHILD/REN'S DETAILS

CHILD 1: _____

NAME:

DATE OF BIRTH: / / CURRENT AGE:

CHILD 2: _____

NAME:

DATE OF BIRTH: / / CURRENT AGE:

CHILD 3: _____

NAME:

DATE OF BIRTH: / / CURRENT AGE:

**PLEASE SPECIFY DAYS REQUIRED AND APPROXIMATE DROP OFF & PICK UP TIME BELOW
(WITHIN HALF AN HOUR)**

SESSIONS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DROP OFF					
PICK UP					



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To help support you and your child during their care,

Are you or your family being supported by any other service? Yes No

Are you Aboriginal or Torres Strait Islander? Yes No

If Yes, please list the services below:

SERVICE PROVIDER

CONTACT DETAILS

Does anything about your child worry you? If yes, explain Yes No

Do you think that your child is developing the same as other children their age? Yes No

In order to best support you and your family needs, it may be necessary to share information with other service providers involved in the care of your family.

INFORMED CONSENT

I/WE (PARENT/GUARDIAN NAME) **CONSENT TO WOODVILLE GARDENS CHILDREN'S SERVICES SHARING INFORMATION THE SERVICES MENTIONED ABOVE IN RELATION TO:**

CHILD/REN'S NAME(S)

PARENT/GUARDIAN SIGNATURE _____