

ABN: 41 150 725 586
113A Prices Circuit, Woronora ,NSW, 2232
Email: wrpsbasc@gmail.com
Phone: 0415 423 462

B&A Expression of Interest Form

Please complete your details on this form if you are interested in enrolling your child to attend Before and/or After School Care. Please note that completion of this form does not commit you to enrolling at the Centre, nor does it guarantee you a permanent booking until your Enrolment Form is received and processed by B&A. Priority of Access Guidelines apply to the allocation of bookings at the Centre.

Parent Name: _____

Address: _____

Email address _____

Contact Phone No. _____

Child/ren's Name/s: _____

Expected Commencement Date: _____ / _____ / 20_____

Expected Permanent Attendance Pattern (Please tick)

	Monday	Tuesday	Wednesday	Thursday	Friday	OR	Casual only
Before School care:							
Full Session (7-9am \$22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> \$24
Short Session (8-9am \$11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> \$12
After School care:							
Full Session (3-6pm \$26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> \$28
Short Session (3-4pm \$11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> \$12

Please be aware that sessions booked **must be paid for**, whether your child attends or not.

To assist us with our planning/training needs, please advise the following:

Does your child/ren have any medical conditions (eg Asthma, Anaphalaxis, Epilepsy, Diabetes)? Yes ☐ No ☐
If yes, please provide details _____

Does your child/ren have any diagnosed additional needs/behavioural/social difficulties? Yes ☐ No ☐
If yes, please provide details _____

Does your child/ren have any specific dietary needs? Yes ☐ No ☐
If yes, please provide details _____

An enrolment pack will be forwarded to you in late November