

Application of Interest Form

Centre:

Are you a BHP employee? No Yes

1. Child's Name: Date of Birth: / /

2. Child's Name: Date of Birth: / /

3. Child's Name: Date of Birth: / /

4. Child's Name: Date of Birth: / /

Parent/Guardian Name:

Home Telephone:

Work Telephone:

Mobile Telephone:

Email Address:

Street Address:

Suburb:

Postcode:

Reason for Care: Working Study Respite / Social Disability Other

Days required: *(please write times required in box below for each day required)*

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
Requested Start Date:					

How did you hear about us? Word of mouth Local paper Yellow pages Child care hotline Other

Is your child aged 0-2 years? *(please answer the following questions)*

Walking unassisted: No Yes 1 sleep a day 2 sleeps a day

School drop off: / Pick up: School name:

Parent/Guardian signature: Date: