

CCC Early Learning Centre Expression of Interest Form



Date :		Commence (specify year):	
Please tick below one option in column 1-3, column 4 optional, tick if wanting Family Group – additional care on Wednesday			
<input type="checkbox"/> Pre Kindy	<input type="checkbox"/> Short Day (8:45-2:15) <input type="checkbox"/> Long Day (8:00-4:00)	<input type="checkbox"/> Early Week – Kindy A (Mon,Tue) <input type="checkbox"/> Late Week – Kindy B (Thu, Fri)	<input type="checkbox"/> Family Group – Wed
<input type="checkbox"/> Kindy	<input type="checkbox"/> Short Day (8:30-2:30) <input type="checkbox"/> Long Day (8:00-4:00)	<input type="checkbox"/> Early Week – Kindy A (Mon,Tue, Alt Wed) <input type="checkbox"/> Late Week – Kindy B (Alt Wed, Thu, Fri)	<input type="checkbox"/> Family Group – Wed (Alt Wed to Kindy Wed)
CHILD'S DETAILS			
Child's name:		Date of Birth:	
Place of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Has your Child attended care before? No <input type="checkbox"/> Yes <input type="checkbox"/> Previous care/centre:			
Any Medical conditions diagnosed (Anaphylaxis, Asthma, Diabetes, Autism, AHD):			
Toileting requirements: (Tick statement which best suits)			
<input type="checkbox"/> Not toilet trained <input type="checkbox"/> Currently toilet training <input type="checkbox"/> Toilet trained, occasional 'accidents' <input type="checkbox"/> Toilet trained			
How did you hear about us?			
<input type="checkbox"/> College website <input type="checkbox"/> Google <input type="checkbox"/> A friend <input type="checkbox"/> Fence Banner <input type="checkbox"/> Other			
Have you chosen your school for Prep? No <input type="checkbox"/> Yes <input type="checkbox"/> Name of School:			
PARENT/GUARDIAN'S CONTACT DETAILS			
Parent/Guardian Name 1 (Person the Child resides with):		Parent/Guardian Name 2:	
Relationship to Child:		Relationship to Child:	
Address:		Address:	
Email:		Email:	
Mobile:		Mobile:	
Alt Phone:		Alt Phone:	
Please submit this form with a copy of your child's birth certificate. Form and birth certificate can be emailed – enrolments@calcc.qld.edu.au or mailed / handed to Caloundra Christian College Administration Office, 7 Gregson Place, Caloundra Q 4551.			
OFFICE USE ONLY			
Proposed Start Date		Birth Certificate Received	
Notes:			