

**St Joseph's Outside School Hours Care
Expression of Interest**

In order to assess the demand for the after school Outside School Hours Service, please complete and return this form.

Parent Name/s: _____

Contact Details: H): _____ B): _____

Email: _____

Details of children requiring care:

Name: _____

Class/Year: _____ Age: _____

School (to allow us to assess transport needs): _____

Name: _____

Class/Year: _____ Age: _____

School (to allow us to assess transport needs): _____

(please use a separate sheet if you require more space)

Care requirements: Monday Tuesday Wednesday Thursday Friday

Do you require care during school holidays? YES/NO

If yes, which holidays: _____

Will you require care for pupil free days? YES / NO

Would you like care for public holidays? YES / NO
(Note, the service may not be able to cater for this)

Comments: _____

Please return forms either to the St Joseph's Catholic Primary School Office or via email to stjosephsoshc@hotmail.com
