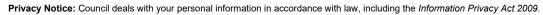
City Child Care Centre Expression of Interest Form





This form is to be completed when enquiring about possible vacancies for your child/ren at the City Child Care Centre. The Director City Child Care Centre will contact you upon return of this form to discuss availability.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: www.rrc.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Child/ren Details								
Child One								
Child name:				Date of birth:				
Child Two								
Child name:				Date of birth:				
Parent/Guardian Details								
Contact name:								
Date of birth:				Relationship to child:				
Preferred contact number:				Email:				
Residential Address								
Street number and name:								
Suburb:				State:			Postcode:	
Postal address (if different):								
Booking Requirements								
	Monday	Tue	sday		Wednesday	Thursday		Friday
Arrival time:								
Depart time:								
Care type:	□ LDC □ FDC □ AM □ PM	□ LDC □ FDC □ AM □ PM			LDC FDC AM PM	□ LDC □ FDC □ AM □ PM		□ LDC □ FDC □ AM □ PM
LDC (Long Day Care): 6.45am – 5.45pm FDC (Full Day Care): 8.00am – 5.00pm		-	AM (Morning Session): PM (Afternoon Session):				00am – 12.30pm .30pm – 5.00pm	
Desired commence	ment date:							
Fees and Charges								
For a full list of fees and charges please refer to Council's Fees and Charges Schedule.								
OFFICE USE Submission date: Received by: Responded:								

ONLY