



# A.B. PATERSON COLLEGE PRE-PREP PROGRAMMES

...providing high quality programmes for the care, well-being and education of young children...

## EXPRESSION OF INTEREST FORM

Child's Full Name: ..... D.O.B: ..... / ..... / .....

Mother/Guardian Name: .....

Occupation: .....

Father/Guardian Name: .....

Occupation: .....

Home Address: .....

..... Postcode: ..... Home Ph. No. ....

Email Address: .....

Mother's Mobile: ..... Mother's Work No. ....

Father's Mobile:..... Father's Work No. ....

**Please circle as many as appropriate:**

Is the care for?      Work      Study      Seeking Employment      Child's Education

How did you find out about the Centre? .....

From when do you require care? (Please note waiting list times vary for the differing age groups)

Date: ..... and/or age of child at requested start date: .....

**Please circle days requested:**

MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY

Are these days flexible?      Yes / No

Do you want any days available?      Yes / No

Is your child registered for entry to A.B. Paterson College?      Yes / No

Do you have other children attending A.B. Paterson College?      Yes / No

Signed: ..... Date: .....

Please note: An application for the A.B. Paterson Early Childhood Centre **does not** constitute an application for school-age entry into A.B. Paterson College. Please contact the College on 5594 7947.