



EXPRESSION OF INTEREST FORM:

Please fill out this form and return to Pioneer Road LDC.

At this time we will walk you through the Centre and answer any questions you may have. It is important to us that you see the Centre prior to enrolling your child with us to ensure it is the right educational and care solution for your family.

Priority Category: _____ **Starting Date:** ____ / ____ / ____

Child's Details: First Name: _____

Family Name: _____

Date of Birth: _____

Brothers and Sisters: please list names and birth dates _____

Home Address: _____

Home Phone Number: _____

Email Address: _____

Parent 1: Name: _____

Phone Number/s: _____

Workplace: _____

Full Time OR Part Time: _____

Parent 2: Name: _____

Phone Number/s: _____

Workplace: _____

Full Time OR Part Time: _____

Days/Times Required:	Mon	Tues	Wed	Thurs	Fri
Start					
Finish					

Comment: e.g. any two days, any of these days to start, flex etc. _____

Enrolment date required: _____

Name of applicant: _____

Signature: _____ Date: _____

Submitting this form places your child's name on the waiting list. You may wish to contact the centre as your requested start date approaches. See above note for reactivation details. Certain medical conditions may require priority placement for some children. Please contact the centre for further details.