



Phone (02) 6862 3111
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18 Coleman Rd,
Parkes NSW 2870
(Cnr Coleman Rd + Ainsworth St)

EXPRESSION OF INTEREST

Child's First Name: _____

Child's Last Name: _____

Date Of Birth: _____

Year Child Turning 3: _____

Parent/ Guardian First Name: _____

Parent/ Guardian Last Name: _____

Phone Number: _____

Address: _____

Email: _____

Aboriginal or Torres Strait Islander: Yes No

Centrelink Health Card/ Pension Card: Yes No

English As a Second Language: Yes No

Disability/ NDIS Plan: (Does your child access any other support services e.g. Speech therapy, occupational therapy)

YES NO OTHER: _____

Preferred Days:

Monday Tuesday Wednesday Thursday Friday

Year Child Starting School: _____

School Attending: _____

Comments: _____

Office Use Only:

Entered Date: _____ Signature: _____ Priority Code: _____