



# Expression of Interest Form

Date of Application \_\_\_\_\_

Requested Commencement Date \_\_\_\_\_

## Select your preferred Kidz Galore centre

<input type="checkbox"/> <b>City West</b> 102 Railway Street West Perth WA 6005 kgcw@kidzgalore.com.au (08) 6144 2601	<input type="checkbox"/> <b>UWA</b> 24 Parkway Crawley WA 6009 kguwa@kidzgalore.com.au (08) 6185 1996	<input type="checkbox"/> <b>Kyilla</b> 13-15 Haynes Street North Perth WA 6006 kgky@kidzgalore.com.au (08) 9444 4240	<input type="checkbox"/> <b>North Perth</b> 144 Eton Street North Perth WA 6006 kgnp@kidzgalore.com.au (08) 9242 5667	<input type="checkbox"/> <b>Nedlands</b> 64-66 Melvista Ave Dalkeith WA 6009 kgnd@kidzgalore.com.au (08) 9389 7750
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## How did you hear about us?

<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Current family	<input type="checkbox"/> Google search	<input type="checkbox"/> Social media	<input type="checkbox"/> Passed by the centre
<input type="checkbox"/> Care for Kids website	<input type="checkbox"/> Starting Blocks website	<input type="checkbox"/> ACECQA search	<input type="checkbox"/> Other (please state) _____	

## Child Details

Child's Given Name (s) \_\_\_\_\_ Child's Surname \_\_\_\_\_

Date of Birth or Expected Date of Birth: \_\_\_\_\_ Child's Age \_\_\_\_\_ (years) \_\_\_\_\_ (months)

## Parent/Guardian Details

### Parent/Guardian One

Given Name (s) \_\_\_\_\_ Surname \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Address (Street No) \_\_\_\_\_ Street Name \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Occupation \_\_\_\_\_ Workplace/Company Name \_\_\_\_\_  
Email address \_\_\_\_\_

### Parent/Guardian Two

Given Name (s) \_\_\_\_\_ Surname \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Address (Street No) \_\_\_\_\_ Street Name \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Occupation \_\_\_\_\_ Workplace/Company Name \_\_\_\_\_  
Email address \_\_\_\_\_

## Child's Attendance Details

*Kidz Galore policy requires a two day per week minimum attendance per child*

☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

*Please select any that apply from the following:*

☐ I do not yet know which days I will require ☐ I am flexible with days I require a minimum of ☐ and a maximum of ☐ days per week

Thank you for completing the expression of interest form. Please submit your completed form to our head office: [kgcw@kidzgalore.com.au](mailto:kgcw@kidzgalore.com.au) and our Enrolments Officer will be in touch with you regarding our availability for your requested start date.