



Epping Heights OSHC

Out of School Hours Care Inc.

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PLEASE READ CAREFULLY, COMPLETE AND SIGN

Child's name: _____

To help ensure that your child's interests, needs and wellbeing are being catered to as best as possible whilst in care at our service, we invite you to give us some further information about your child. This information assists in informing our educational program and alerting our team to the individual requirements for your child.

My child is currently **most** interested in the following (you may select up to 5):

Sport/Physical activities

Art & Craft

Imaginative Play

Cooking activities

The World/Culture

The Environment & Animals

Performance/Creative Arts/Dance

Music

Science/Technology

My child would **most** benefit from the following (you may select up to 5)

Physical Activities/Exercise

Creative and expressive pursuits

Education regarding life skills

Group/Team activities

Quiet time/Time to unwind

Education regarding the World/Culture

Education regarding the Environment/Animals

Opportunities to improve their social skills

Is there any other information relating to your child's educational development you would like our educators to know?

Signed: _____ Date: _____