



# Epping Heights OSHC

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Out of School Hours Care Inc.

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## PLEASE READ CAREFULLY, COMPLETE AND SIGN

**Child's name:** \_\_\_\_\_

*(All information you provide us helps ensure that your child's interests, needs and wellbeing are being catered to as best as possible whilst in care at our service.)*

**My child's favourite thing to do in their recreation/spare time is:**

(Please choose 1)

Sport/Physical activities

Art & Craft

Imaginative Play

Cooking

Reading

Writing

Music/Performing

**My child's least favourite thing to do in their recreation/spare time is:**

(Please choose 1)

Sport/Physical activities

Art & Craft

Imaginative Play

Cooking

Reading

Writing

Music/Performing

**At OSHC, I would most like my child to take part in:** (Please choose 1)

Sport/Physical activities

Art & Craft

Imaginative Play

Cooking

Reading

Writing

Music/Performing

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_