

To assist us to explore the possibility of an OSHC service at our school, parents are asked to complete the survey below. The decision about establishing a service will be based on this survey, so if you are interested in using this proposed service, please take the time to complete this survey.

1) Which year group are your children in? – Please indicate how many in each year group.

Kindy—Year 2	Years 3-4	Years 5-6
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2) When do you think you would be most likely to use the OSHC service? Please indicate number of children. (If occasionally indicate days)

Service Required	Regularly					Occasionally (No. of Days)
	Monday	Tuesday	Wednesday	Thursday	Friday	
Before School Care						
After School Care						
Vacation Care						
Staff Development Days						

3) Please circle the times you would most likely require the service to be open (From – To).

Before School	6:30am	7:00am	8:00am
After School	4:00pm	5:00pm	6:00pm
Vacation/Staff Development	6:30 – 4:30	7:00am– 5:00pm	6:30 – 6:00pm

Please return this note to your child's teacher by _____

Parent / Carer Name: _____

Phone number: _____

Childs Name(s): _____

Class(s): _____

Thank you

Principal