Dear Parents,

A working party has been established to determine if there is a need for Outside School Hours Care at:

Howlong Public School

If you think that your family would use the outside school hours care service on a casual, part-time or permanent basis, we would appreciate it if you could take a few minutes to complete the following survey and return it to the school office ASAP:

A. Name of the school that your child/ren currently attend:

<table>
<thead>
<tr>
<th>Name of School</th>
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</table>

B. Number of children in your family in the following age groups:

- 4 to 5 years: ____________
- 5 to 9 years: ____________
- 10 to 12 years: ____________

C. Are you currently using any childcare arrangements for your children? If so, what type? For example, Family Day Care, friend, grandparent, other OOSH service (please state which one), etc.

<table>
<thead>
<tr>
<th>Arrangement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Day Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent</td>
<td></td>
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<tr>
<td>Other OOSH Service (state)</td>
<td></td>
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</tbody>
</table>

D. What hours would you expect the centre to be open:

- From ......................... to ......................... am for before school care
- From ......................... to ......................... pm for after school care
- From ......................... to ......................... pm for vacation care.

E. Which sessions of Outside School Hours Care do you anticipate you will need? Please circle.

- Before School Care: YES NO
- After School Care: YES NO
- Vacation Care: YES NO
F. **Which days do you anticipate you would use care?** Please circle.

- Before School Care MON TUE WED THUR FRI
- After School Care MON TUE WED THUR FRI
- Vacation Care MON TUE WED THUR FRI

G. **If you have a child with special needs that would use the service, please provide brief details of the child’s need.** You may attach this information separately if you wish.

H. **We anticipate that a committee of parents will manage the service. Would you be interested in helping to establish and manage the centre?** If yes, please provide your name and contact details:

   Name: ________________________________
   
   Telephone/Mobile: ________________________________
   
   Best day/time to contact you: ________________________________

I. **Are there any suggestions or specific questions you have relating to the proposed service?** If yes, please list them below, along with your contact details, so that we can discuss them with you:

   ________________________________

   ________________________________

   ________________________________

Thank you for your time in completing this Survey.

*We will stay in touch and let you know the outcomes of the Survey and whether or not the proposed Outside School Hours Care service will become a reality. If you have any questions, please contact:*

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