

**Out of School Hours Care (OSHC) – Start Up School Survey**

To assist us to explore the possibility of an OSHC service at our school, parents are asked to complete the survey below. This 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 |

1. 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)** |
| Mon | Tues | Wed | Thu | Fri |
| **Before School Care** |  |  |  |  |  |  |
| **After School Care** |  |  |  |  |  |  |
| **Vacation Care** |  |  |  |  |  |  |
| **Staff Development Days** |  |  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Before School |  |  |  |
| After School |  |  |  |
| Vacation / Staff Development |  |  |  |

Please return this note to your child’s teacher by: **Monday October 26.**

Parent/Carer Name:

Phone number:

Child Name(s): Class(s):

Thank you, Toni Skinner, - Principal