



OSHC Survey

TO BE COMPLETED BY PARENT/GUARDIAN

1. Do you currently use an out of school hours care service or have other child care arrangements in place i.e. Family Day Care, child care, private paid care, neighbours /friends/family?

Yes / No

Please provide detail:

Before school care

.....
.....

After school care

.....
.....

Vacation care

.....
.....

If an outside school hours care or vacation care service was provided at Dorrigo would you use it?

Before school care	Yes []	No []
After school care	Yes []	No []
Vacation care	Yes []	No []

2. What preschool or school/s does your child/ren attend?

Name preschool / school in space below and number of children attending in brackets.

..... []
..... []
..... []

3. Why would you use this service?

- you and/or partner work full time []
 you and/or partner work part time []
 you and/or your partner are looking for work []
 you and/or your partner are studying []
 opportunities for your child/ren to participate in recreational experiences []
 respite []
 other []

4. When would you use a BEFORE SCHOOL service?

Please complete the appropriate box/s and specify the number of children in each age range.

Day of the week	Frequency <i>E = every week F = fortnightly O = occasionally N = never</i>	Number of children			
		Preschool	Reception - Year 3	Year 4 - 7	High School
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

5. What time would a BEFORE SCHOOL service need to open to meet your needs?

(Please circle)

6.00am 6.30am 7.00am 8.00am Other

6. When would you use an AFTER SCHOOL service?

Please complete the appropriate box/s and specify the number of children in each age range.

Day of the week	Frequency <i>E = every week F = fortnightly O = occasionally N = never</i>	Number of children			
		Preschool	Reception - Year 3	Year 4 - 7	High School
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

7. What time would an AFTER SCHOOL service need to be open until to meet your needs?

(Please circle)

4.30am 5.00am 6.00am 6.30am Other

8. When would you use a VACATION CARE service?

Please complete the appropriate box/s and specify the number of children.

Day of the week	Frequency <i>E = every week F = fortnightly O = occasionally N = never</i>	Number of children			
		Preschool	Reception - Year 3	Year 4 - 7	High School
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Please indicate the school holiday periods you would use:

December/January April
 June/July September/October

9. For what period of time would a VACATION CARE service need to open to meet your needs?

(Please circle)

Start	Finish
6.00am	4.30pm
6.30am	5.00pm
7.00am	5.30pm
7.30am	6.00pm
8.00am	6.30pm
Other	Other

10. Do you have a child/ren with additional needs that will use the service?

Yes / No

Please outline the particular needs of the child/children:

.....

11. Any other comments or questions

.....
.....
.....
.....

If you wish, please provide the following details:

Name:

Address:

.....

Email:

Phone:

Contact time:

Thank you for making the time to complete this survey