

# HOWLONG PUBLIC SCHOOL



Hawkins Street  
HOWLONG NSW 2643  
Phone: 02 6026 5206  
Fax: 02 6026 5900

Email: [howlong-p.school@det.nsw.edu.au](mailto:howlong-p.school@det.nsw.edu.au)

## SURVEY TO ESTABLISH THE NEED FOR OUTSIDE SCHOOL HOURS CARE

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:

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.

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:*

Name:                      Melanie Trevethan

Telephone:              02 60265 206 – Work  
                                 0433 266 380 - Mobile