



**South Eastern
Community
Connect**

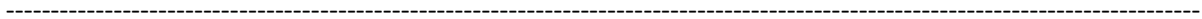
SMOOSH Expression of Interest

CHILD DETAILS

CHILD FIRST NAME:	CHILD SURNAME:	DATE OF BIRTH: AGE: GENDER:
SCHOOL:	GRADE:	CARE COMMENCEMENT DATE:

CONTACT INFORMATION

Primary contact 1	Name:	Email:	Mobile:
Contact 2	Name:	Email:	Mobile:



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