

CARE APPLICATION FORM

DATE OF REQUEST: ____/____/____

NAME: _____

TELEPHONES: Home: _____ Work: _____ Mobile: _____

Email: _____

ADDRESS: _____

Start date: _____

Preference of Educator/Area? _____

Child's Name	Date of Birth	Hours	M	T	W	Th	F	Sa	Su

Additional requirements: _____

Cultural background: _____ Interpreter? Yes / No (if yes) Language: _____
ie: NESB, aboriginal, etc

*Days flexible? Yes / No _____ *Shared Care? Yes / No _____

Transport available? Yes / No Travelling from home to: _____

Purpose for care: Work / Study / Other _____

Have you OR are you currently using FDC? Yes / No

If a school child/children, what school do they attend: _____

How did you find out about our service? TV / RADIO / NEWSPAPER / FLYER / MAGAZINE / WEBSITE / WOM / OTHER

Other Information: _____

Enrolment posted Yes / No Date _____

Please Note:

- When contacting the parent to inform them that there is a vacancy in the service, please explain to the parent that they need to contact the FAO on 136150 to register their child/children for a CCMS approved service, GFDC CCB approval ID is 1-6PX-275. CONTACT MUST BE MADE WITH THE FAO BEFORE THE ENROLMENT INTERVIEW CAN BE CONDUCTED.
- THE PARENT/GUARDIAN ENROLLING THE CHILD/CHILDREN **MUST BE THE SAME PERSON** TO REGISTER THE CHILD/CHILDREN WITH THE FAO.

