



CLARENCE FAMILY DAY CARE SCHEME

APPLICATION FOR CARE

PARENTS SURNAME _____ FIRST NAMES _____
Mother

_____ Father

ADDRESS _____

☎ HOME _____ ☎ MOBILE _____

MOTHER'S PLACE OF WORK _____ ☎ _____

FATHER'S PLACE OF WORK _____ ☎ _____

Parents Customer Reference Number(CRN) _____

CHILD/REN'S NAME(S) 1. _____ SEX _____ DATE OF BIRTH _____ CRN _____

REQUIRING CARE 2. _____ SEX _____ DATE OF BIRTH _____ CRN _____

3. _____ SEX _____ DATE OF BIRTH _____ CRN _____

DATE CARE REQUIRED _____

PLEASE INDICATE BELOW THE CARE TIMES REQUIRED FOR EACH CHILD ALLOW TRAVELLING TIME

Child 1

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____

Child 2

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____

Child 3

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____

IS CARE REQUIRED FOR **WORK,** **STUDY** OR **RESPITE** PURPOSES? (PLEASE CIRCLE)

IN WHICH SUBURB/S DO YOU REQUIRE CARE? _____

DO YOU HAVE TRANSPORT TO DELIVER AND COLLECT CHILD/REN? YES NO

IS SCHOOL DROP OFF OR PICK UP REQUIRED? YES NO SCHOOL _____

HAS YOUR CHILD BEEN LEFT BEFORE? _____

IS THERE ANY MEDICAL CONDITIONS WE SHOULD KNOW ABOUT? _____

DO YOU HAVE ANYONE WHO IS ABLE TO DO BACK UP CARE? _____

IS THERE ANYTHING ELSE WE NEED TO KNOW TO ASSIST IN MATCHING YOUR CHILD/REN WITH AN AVAILABLE EDUCATOR? (e.g. type of person, home, indoor/outdoor routines, travelling, pets)

ANY ADDITIONAL INFORMATION THAT MAY ASSIST US FIND A SUITABLE EDUCATOR FOR YOUR CHILD MAY BE WRITTEN ON THE BACK OF THIS APPLICATION.

DO YOU HAVE A CURRENT CHILDCARE BENEFIT ASSESSMENT YES NO

Application date: _____