



Centre Based Child Care Placement Application

Council is collecting the information on this form so that it may consider your application. The information is only used by Council for this purpose and will not be disclosed unless required under law.

Parent/Guardian Details

Name _____ Surname _____

Residential Address _____

Post Code _____

Email Address _____

Phone: Home _____ Work _____ Mobile _____

Occupation _____ Study: TAFE Deakin

Child Details

Name: Child 1 _____ Date of Birth _____

Name: Child 2 _____ Date of Birth _____

Name: Child 3 _____ Date of Birth _____

Is your child under the care of a specialist or referred service? Yes No

Have you used Centre Based Child Care before? Yes No

Country of Birth _____ Language(s) spoken at home _____

Booking Details

Expected date of commencement _____

Please indicate the days of care that you require

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>				

Please indicate your preferred service in order of preference by indicating 1, 2, 3 in the boxes.

- Matron Swinton Child Care Centre, Lipook Court, Warrnambool
 Sherwood Park Child Care Centre, Deakin University, Warrnambool
 Florence Collins Children's Services Complex, 27-47 Kepler Street, Warrnambool

Signature of Parent/Guardian _____ Date _____

OFFICE USE ONLY

DATE	COMMENT