



# Warrnambool Family Day Care Placement List



**Warrnambool City 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.**

DATE : \_\_\_\_\_

## Family Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Aboriginal  Yes  No or Torres Strait Islander  Yes  No

Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_

Interpreter required?  Yes  No

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail: \_\_\_\_\_

## Children's Details

Full Name	Date of Birth	Male / Female / Unborn	Kinder/School

Have you previously used Family Day Care?  Yes  No

Have you previously accessed WCC Child Care Centres?  Yes  No

Area Where Care is Required: (Number in order of preference)  Warrnambool  Allansford  Macarthur

## Care Required

Name of Child	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Eg: Tom	9 - 5			1 - 4	8 - 3		

Are these days/times flexible?  Yes  No

Do you have a particular FDC Educator you would like? Name of Educator? \_\_\_\_\_

## DATE WISHING TO START CARE:

Priority of Access:

Child at Risk  Work / Study Related  Parent / Child Disability  Respite  Sole Parent



