

# 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 N | lo          |  |
| Country of Birth:                  | Main Langu     | age 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 / Unbo | orn       | 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 | of preference) | Warrnambool          | Allansfor | d 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?       | s No         |             |                  |          |          |              |        |
| Do you have a particular FDC Educate | or you would | d like? Nam | e of Educator?   | )        |          |              |        |
| DATE WISHING TO START CARE:          |              |             |                  |          |          |              |        |
| Priority of Access:                  |              |             |                  |          |          |              |        |
| Child at Risk Work / Stud            | y Related    | Parent      | / Child Disabili | ity Res  | pite     | Sole Parent  | 4      |
|                                      |              |             |                  |          |          |              |        |
|                                      |              |             |                  |          |          |              |        |
|                                      | /////        |             |                  |          | XXX.     |              |        |
| For more information please          |              |             |                  |          | @warrnar | nbool.vic.go | v.au   |

### **OFFICE USE ONLY:**

Possible Family Day Care Educators:

#### Record of contact / follow-up with applicant

| Date: | Details: |
|-------|----------|
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For more information please contact us on 5559 4800 or email childandfamily@warrnambool.vic.gov.au

www.warrnambool.vic.gov.au Connect to Council f 🖌 💿 🗅