

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:..... DOB:

E-mail Address

Phone: Home Work Mobile

Occupation:..... Study: TAFE Deakin Other

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

Year attending kindergarten.....

Country of BirthLanguage(s) spoken at home.....

Booking Details

Expected date of commencement

Please indicate the days of care that you require by placing and X in the relevant box.

Monday	Tuesday	Wednesday	Thursday	Friday

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