



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: Warrnambool Allansford Purnim Mailors Flat
(Number in order of preference)

Care Required

Name of Child	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours
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

