



Warrnambool Family Day Care - Waiting List



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.

WAITING LIST PROCEDURE - FAMILIES REQUIRING CHILDCARE

DATE: ____/____/____

STAFF - Please ensure all questions are answered and then FDC will post an information 'package' about FDC and Policies on "Priority of Access" and "Waiting List & Placement". FDC Staff will then contact the customer at regular intervals on current progress (recorded on reverse side of this form) and when some vacancies for the days and hours requested become available, an appointment can then be made to complete a **Registration form**. If transport to the FDC Office is not available to you or you are unable to attend our Office, please advise and other arrangements can be made.

Office Use Only
Possible FDC Educators
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.....
.....
Appointment
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.....

Staff Please State - Assistance in completing this form can be provided

WHERE DID YOU HEAR ABOUT FAMILY DAY CARE

Have you previously used Family Day Care? Yes No

OR are you currently using care and require another FDC Educator? Yes No

Have you previously accessed WCC Child Care Centres? Yes No

Do you understand how Family Day Care operates? Yes No

Family Details

First Name:Surname.....CRN:

Aboriginal Yes No or Torres Strait Islander Yes No

Country of Birth: Main Language Spoken:

Would further information or assistance in your first language be helpful? Yes No

Address:Town:Postcode:

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

Email:

Are we able to contact you at work? Yes No

Place of Work:or Place of Study:

Can Supply 'Confirmation of Enrolment' & Study Timetable Yes No

Partner's Name: Place of Work:.....

Work Phone Number:

Children's Details

Full Name	Date of Birth	Boy/Girl/Unborn	Kinder/School	CRN

DATE WISHING TO START CARE:/...../.....

FAMILY DAY CARE

Priority of Access: *Please indicate*

- Child at Risk
- Work Related/Studying
- Parent/Child Disability
- Respite
- Unknown

OFFICE USE ONLY RECORD OF CONTACT – FOLLOW UP WITH APPLICANT	
DATE	DETAILS OF CONTACT
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.....
.....
.....

- Area where care is required:
- Warrnambool
 - Allansford
 - Dennington
 - Port Fairy
 - Bushfield
 - Koroit
 - Mailors Flat
 - Winslow

(Number in order of preference)

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

Do you require all of the days now? Yes No

Could you accept some days now on the proviso the other days may become available at a later date? (eg. when school commences at beginning of school year) Yes No

Are these days/times flexible? Yes No

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

If possible what attributes in a FDC Educator would you prefer?

Does your child have a disability? **Yes** **No** *(If yes please complete additional form)*

Does your child have asthma? **Yes** **No** *(If yes please complete additional form)*

Does your child have any allergies? **Yes** **No** *(If yes please complete additional form)*

Has your child suffered any recent trauma? (ie loss of a family member, major event)
 Yes **No** *(If yes please complete additional form)*

Does your child have any other medical condition? **Yes** **No** *(If yes please complete additional form)*

Does your child have any additional needs? (ie. breastfeeding, fears etc)

Does your child attend Kinder/School? Yes No

If yes which kinder/school do they attend, and what sessions?

Family Day Care Information posted/handed out? Yes No Date