**Beechworth Community Child Care Centre**

**REQUEST FOR CARE FORM**

**Please Note: This is not an Enrolment Form it is an application for care**.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 1**: MyGov Registered parent family name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MyGov Customer Reference Number (CRN):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 2**: Family name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** (AH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Care required from / / 20\_\_ until / / 20\_\_**

CHILD’S FAMILY CHILD’S GIVEN DATE OF CRNumber ROOM

NAME NAME BIRTH REQUIRED

1.\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Please tick below the days care is required.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full Days |  |  |  |  |  |

* **A registration fee of $100.00 will be required to secure your child’s position at Beechworth Community Child Care Centre. This amount will be deducted from your final weeks of care or rolled over to the following years care**
* **Attach the Child History Statement from the Australian Childhood Immunisation Register (Copies Immunisation Record from Child Health Record Book is now not accepted.)**

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **TURN OVER>>>>**

**STUDY, TRAINING & EMPLOYMENT DETAILS (Please supply details)**

**□ Study or Training details – including work place training**

|  |  |
| --- | --- |
| Parent/Guardian Name: | Parent/Guardian Name: |
| Relationship to child: | Relationship to child: |
| Place of Study/Training: | Place of Study/Training: |
| Contact Phone No: | Contact Phone No: |
| Student No: | Student No: |
| Duration: | Duration: |

□ **Employment Details**

|  |  |
| --- | --- |
| Parent/Guardian Name: | Parent/Guardian Name: |
| Relationship to child: | Relationship to child: |
| Place of employment: | Place of employment: |
| Address: | Address: |
| Phone No: | Phone No: |

□ **Non-working/Parental leave details**

|  |  |
| --- | --- |
| Parent/Guardian Name: | Parent/Guardian Name: |
| Relationship to child: | Relationship to child: |
| Place of employment: | Place of employment: |
| Address: | Address: |
| Phone No: | Phone No: |

**Other information – please tick *all* relevant boxes.**

□ Aboriginal and/or Torres Strait Islander descent.

□ An immediate member of the family has a disability.

□ Single parent family.

□ Allergy or Additional Need (for planning a smooth transition)

 Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KINDERGARTEN DETAILS:**

* Will your child be attending (please tick):

 🞏 **Beechworth Preschool** 🞏 Activity (3yr old) group or

🞏 4 year old sessions

Or

🞏 **Montessori Kindergarten**

* Will you be using the Preschool/Childcare Fee Arrangement? YES / NO

**Please return this form to:**

**Beechworth Community Child Care Centre**

**Po Box 98**

**Beechworth**

**Vic 3747 Contact: (03) 57282378**

**Or drop into office email:** **beechworthchildcare@westnet.com.au**

**Cathy Alcock Coordinator**