



**CHILDCARE PLACEMENT REQUEST**

**DATE:** \_\_\_\_\_

**1. PARENT'S NAME:**

\_\_\_\_\_

Address: \_\_\_\_\_

Nearest X street \_\_\_\_\_

Ph. no.-(home) \_\_\_\_\_

Ph .no.-(work) \_\_\_\_\_

Alternative Contact: \_\_\_\_\_

Ph. No. \_\_\_\_\_

**2. CHILD/REN'S DETAILS:**

**NAME:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

Email: \_\_\_\_\_

**3. DETAILS OF CARE:**

When do you want care to start? \_\_\_\_\_ (date)

What days do you require care?  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

What hours of care do you require? Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

How did you find out about FDC? \_\_\_\_\_

Do you or your partner work for the Australian Defence Force? \_\_\_\_\_

**4. WORK / STUDY DETAILS:**

What suburb do you work in? \_\_\_\_\_ (Mother)

\_\_\_\_\_ (Father)

Do you have your own transport to take your child/ren to care? YES NO (circle)

**5. DOES YOUR CHILD HAVE ANY SPECIAL CARE REQUIREMENTS? IF YES, PLEASE GIVE US SOME DETAILS.**

\_\_\_\_\_  
\_\_\_\_\_

- 6. IN WHAT SUBURB/S WOULD YOU PREFER CARE?** (Please tick)  Glenwood  
 Winston Hills  Baulkham Hills  Bella Vista  Kellyville  Castle Hill  Beaumont Hills  
 Rouse Hill  Kenthurst

**We ask that you stay in contact with us on a regular basis to ensure that your childcare application is updated regularly.**

<b>For Office Use Only:</b>	<b>Date received</b>	<b>Application No.</b>
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