

**Aldinga Community Children's Centre
APPLICATION FOR CHILD CARE**

The Completion of this form helps us to respond to your request for Child Care placement. You are encouraged to discuss any aspect of the form with the Director of the Centre and to have a look at the Parent's Handbook.

ACCESS GUIDELINES

As a community based non profit organisation which receives Child Care Benefit from the Commonwealth Government, we abide by the priority of access guidelines set by the Department of Family and Community Services.

To help us equitably fill vacant places, please tick the appropriate box below.

CHILDS DETAILS			
FAMILY NAME:			
GIVEN NAMES:			
DATE OF BIRTH:	/ /	Or EXPECTED BIRTH:	Sibling Requiring Care? Y / N
AGE IN YEARS:		SEX: M / F	Age:

Child at risk of abuse or neglect OR Family in crisis.

Family with recognised work or work-related commitments.

Family with greatest need for child care support.

PROPOSED BOOKING DETAILS

	MON	TUE	WED	THU	FRI
ARRIVE:					
DEPART:					
STARTING:	/ /				

APPLICATION

I wish to apply for placement as detailed above at the Aldinga Community Children's Centre.

I understand that I must apply to FAO/Centrelink for Child Care Benefit if I intend to claim such benefit. Please call 136150 (Family Assistance Office).

I understand that to maintain this place on the waiting list, I/We need to contact the Director of the service at least every month to confirm our continuing interest. Not doing so will mean the deletion of this application from the waiting list.

SIGNATURE:

DATE:

PARENT/GUARDIAN APPLYING			
NAME:			
RELATIONSHIP TO CHILD:			
TELEPHONE:	HOME:	WORK:	MOBILE:

How did you find out about this service?

OFFICE USE ONLY

Date:	Contacted fortnightly:	Notes: