

**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.

**CHILDS DETAILS**

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

**PROPOSED BOOKING DETAILS**

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

**PARENT/GUARDIAN APPLYING**

NAME:							
RELATIONSHIP TO CHILD:							
TELEPHONE:		HOME:	WORK:	MOBILE:			

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Contacted fortnightly: \_\_\_\_\_

Notes: \_\_\_\_\_

**ACCESS GUIDELINES**

As a community based non profit organisation which receives Child Care Subsidy 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.

<input type="checkbox"/>	Child at risk of abuse or neglect OR Family in crisis.
<input type="checkbox"/>	Family with recognised work or work-related commitments.
<input type="checkbox"/>	Family with greatest need for child care support.

**APPLICATION**

I wish to apply for placement as detailed above at the Aldinga Community Children's Centre.  I understand that I must apply to Services Australia for Child Care Subsidy if I intend to claim such benefit. Please call 13 61 50 or online at <a href="http://www.servicesaustralia.gov.au">www.servicesaustralia.gov.au</a>  I understand that to maintain this place on the waiting list, I 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: _____  How did you find out about this service? _____
---	--