

Beechworth Community Child Care Centre

REQUEST FOR CARE FORM

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

Complete this form and return it to the Coordinator. You will be notified when a vacancy is available.

Date: _____ Date Received: _____

Parent/Guardian 1: Family name: _____ First Name: _____

Date of Birth: _____

Centrelink 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: / / 200 until / / 200

CHILD'S FAMILY NAME	CHILD'S GIVEN NAME	DATE OF BIRTH	CRNumber	ROOM REQUIRED
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please tick below the days care is required.

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Days					
Sessions am					
Sessions pm					

The Department of Family and Community Services determine Priority of Access rules.

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

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 details

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to child:	Relationship to child:
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)

Will your child be attending (please circle):

Beechworth Preschool (3 yr old Activity group or 4 year old session)?

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

Or drop into office

Cathy Alcock

Coordinator

Contact: (03) 57282378

email: contact@beechworthchildcare.com.au