



## Blue Mountains Family Day Care Application for Care

**Date of Application:** \_\_\_\_\_ **Staff Name:** \_\_\_\_\_

Name: Guardian 1/ Guardian 2		
Address:		
Contact number:		
Email address:		
Preferred method of contact		
Priority of access		

**Types of Care Required:**

Regular Care   
  Casual Care   
  Before/after school care   
  Vacation care

**Date Care Required:** \_\_\_\_\_ **location required:** \_\_\_\_\_

**Child One:** NAME \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Fully Immunised?

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start							
Finish							

**Child Two:** NAME \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Fully immunised?

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start							
Finish							

Information that may assist with placement: (illness, allergies, court order, developmental)

How did you find out about Blue Mountains Family Day care



**Office use only:**

Parent notified of website?

Parent notified of need to contact Centrelink?

Date	Comments	Parent referral given	Staff member	Followed up