



# Camden Family Day Care Application For Waiting List



Date of Application \_\_\_\_\_

NAME:	
ADDRESS:	
CONTACT NUMBER:	
OCCUPATION:	
WORK LOCATION:	
TRAVEL ROUTE:	
EMAIL ADDRESS:	

**Please note that by completing and submitting this form, there is no guarantee on securing a position within our service. This is dependent on current vacancies and waiting list demands.**

Type of Care Required: (Please Tick Appropriate Box) Regular Care                      On-Call – Irregular Day/s Each Week Before School and / or After School Care (Pre-School)                      Vacation Care Name of School Attending	Commencement Date:
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Child One: NAME \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start							
Finish							

Child Two: NAME \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start							
Finish							

<b>Medical disclosure</b> <b>Does your child have any medical or developmental condition?</b> <b>Yes</b> <b>No</b> <b>Details</b> <b>It is a requirement to disclose this information to suitably place your child into care.</b> Additional information that may assist with placement:
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How did you hear about Camden family Day Care? Social Media                      Family/Friend                      Previously used                      Camden Council
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Please return completed form to [fdc@camden.nsw.gov.au](mailto:fdc@camden.nsw.gov.au)

**Postal Details**  
Camden Family Day Care  
PO Box 183  
Camden NSW 2570

**Office Location**  
Narellan Child Family & Community Centre  
16-24 Queen Street  
NARELLAN NSW 2567

**Contact Details**  
Phone: 4653 3000  
[fdc@camden.nsw.gov.au](mailto:fdc@camden.nsw.gov.au)

**Office Use Only:**

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Date	Educator	Comments	Placement Book Noted	Parent Referral Given

**Confirmed Educator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Enrolment Package Sent On:** \_\_\_\_\_

**Commencement Date:** \_\_\_\_\_