



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							

Medical disclosure Does your child have any medical or developmental condition? Yes No Details It is a requirement to disclose this information to suitably place your child into care. Additional information that may assist with placement:

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

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: 4645 5190
fdc@camden.nsw.gov.au

Office Use Only:

Date	Educator	Comments	Placement Book Noted	Parent Referral Given

Confirmed Educator: _____

Date: _____

Enrolment Package Sent On: _____

Commencement Date: _____