



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) <input type="checkbox"/> Regular Care <input type="checkbox"/> On-Call – Irregular Day/s Each Week <input type="checkbox"/> Before School and / or After School Care (Pre-School) <input type="checkbox"/> 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

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: _____