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Puggles Child Care Centre Placement Request Application

About this form

You may use this form to go on the Placement Request list for care at Puggles Child Care Centre. A payment of \$10 is required to submit this form. If you are successful at securing a placement at Puggles, the \$10 will be credited to your \$50 Administration Fee upon enrolment.

How to complete this form

- 1: Ensure that all fields have been filled out correctly.
- 2: Please note that fields on this form marked with an * are mandatory and must be completed before submitting the application.
- 3: Once completed you can submit this form with a payment of \$10 in person.

Part 1: Child's Details

Child's Given Name/s * _____ Child's Family Name * _____

Date of Birth* _____

Residential Address * _____

Child's Gender (Please circle) Male Female

Date from which care is required _____

Please note: It may not be possible for your child to commence on this date.

Part 2: Parent One Details

Title * _____ Given Name/s * _____ Family Name * _____

Residential Address * _____

Postal Address (if different from above) _____

Note: Before this application can be lodged at least one of the modes of contact below must be supplied.

Home Number _____ Mobile Number _____ Fax Number _____

Email Address _____

Nationality _____

Your Details (please circle)

Are you currently: Working Seeking Work Unemployed Studying Parenting

Days and Hours of Work (if applicable) _____

Occupation _____ Employer Name _____

Work Address _____ Work Number _____

Part 3: Parent Two Details

Title * _____ Given Name/s * _____ Family Name * _____

Residential Address * _____

Postal Address (if different from above) _____

Note: Before this application can be lodged at least one of the modes of contact below must be supplied.

Home Number _____ Mobile Number _____ Fax Number _____

Email Address _____

Nationality _____

Your Details (please circle)

Are you currently: Working Seeking Work Unemployed Studying Parenting

Days and Hours of Work (if applicable) _____

Occupation _____ Employer Name _____

Work Address _____ Work Number _____

Part 4: Application Details

1. We recommend the following combination of days for child, staff and program consistency. We will try to accommodate your needs if these are unsuitable: (number your first three preferences)

- Mon/Tue
- Thurs/Fri
- Mon/Tue/Wed
- Wed/Thurs/Fri
- Mon/Tue/Thurs/Fri
- Full Time
- Other _____

3. What is the main language spoken at home? (Please provide details below)

4. Has your child attended a Child Care Service before? (Please provide details below)

5. Does your child currently attend Preschool or another Child Care Service in town? (Please provide details below)

6. Is your child of Aboriginal or Torres Strait Islander descent? Yes No

Part 4: Application Details Continued...

7. Does your child have any special needs / disabilities / developmental delay? If yes, please provide details below.

8. What year will your child start school? _____

9. Are you a single parent family? Yes No

10. Do you or your partner have a disability? No Yes (Please provide details below)

11. Is your child currently breast fed? Yes No

12. How did you hear about Puggles Child Care Centre?

Part 5: Applicant Declaration

I declare that all the information I have provided is true and correct.

Applicant Name (please print) Applicant Signature* Date

Part 6: Privacy & Personal Information Protection Notice

Purpose of Collection: To be considered for a place at Puggles Child Care Centre

Intended recipients: Management of Puggles Child Care Centre.

Supply: A completed waiting list application is required to be considered for a place at Puggles Child Care Centre.

Storage: Puggles Child Care Centre record management systems and Archives.

Part 7: Lodgement Details

You can lodge the completed application at Puggles Child Care Centre 34 Lions Drive Mudgee. We will contact you if a place becomes available. Please advise us if your contact details change.

For further information regarding your application please contact us by:

TELEPHONE: (02) 63721204 EMAIL: admin@puggleschildcare.com.au

Office Use Only

Receiving Officer Name _____

Centre tour given by _____

Date Received _____

Comments _____
