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|  | Mildura Family Day Care Service Request for Care Form |
| Privacy Collection Statement  All personal and/or health information collected by Mildura Rural City Council Family Day Care is used to enable us to provide quality care and education for your child attending Mildura Rural City Council Family Day Care and to enable us to manage, monitor and administer the service as we are required. The personal and/or health information will be used solely by Mildura Rural City Council Family Day Care for this purpose and/or directly related purposes. Mildura Rural City Council Family Day Care may disclose this information to other organisations if required by legislation e.g. To the Department of Social Services (DSS) for the administration of Child Care Subsidy (CCS). The parent understands that the personal and/or health information provided is for the above purpose and that he or she may apply to Mildura Rural City Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Private officer. | |
| **Request for Care** | |
| Thank you for your interest in Mildura Family Day Care service.  Please complete this form in full, indicating the type of care and times you require and return it by email to [fdcinfo@mildura.vic.gov.au](mailto:fdcinfo@mildura.vic.gov.au)  Please complete one form for each child  **Placement Process**  This request for care form will be processed by a staff member who will call or email you to confirm that your form has been received and to discuss your care requirements with you.  Please advise the Coordination Unit immediately if there are any changes to your family circumstances for example, if you move house, need different days or no longer require care.  As vacancies fluctuate, we will start looking at placing your child approximately two weeks before the date you require care. If you prefer to start sooner to secure a place, please discuss this with us when we contact you or indicate this on the form.  If you have any questions about our service, placement process, fees or immunisation requirements please contact the Coordination Unit on 5018 8271. | |

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| **Child Information** | | | | | | | | | |
| Child’s First name: | | | | | Family name: | | | | |
| Gender:  Male  Female | | | | | Date of Birth: | | | | |
| Country of Birth: | | | | | Ethnic Group: | | | | |
| Indigenous or TS Islander: Yes No | | | | | Primary Language: | | | | |
| **Parent Information** | | | | | | | | | |
| First name: | | | | | Family name: | | | | |
| Email: | | | | | | Date of Birth: | | | |
| Address: | | | | | Relationship to child: | | | | |
| Customer Reference Number: | | | | | Home phone: | | | | |
| Work Place/Study: | | | | | Mobile: | | | | |
| Occupation: | | | | | Work phone: | | | | |
| **Alternative contact person** | | | | | | | | | |
| First name: | | | | | Family name: | | | | |
| Contact number: | | | | | Relationship to the child | | | | |
| **Medical Information** | | | | | | | | | |
| **Mildura Family Day Care is committed to providing quality care for all children including children with additional needs**. | | | | | | | | | |
| Does your child have any conditions or concerns that we need to be aware of Yes  No  Please provide details: | | | | | | | | | |
| **Days care required** | | | | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | | | Friday | Saturday | Sunday |
| Start |  |  |  |  | | |  |  |  |
| Finish |  |  |  |  | | |  |  |  |
| Start |  |  |  |  | | |  |  |  |
| Finish |  |  |  |  | | |  |  |  |
| **Type of care Required** | | | | | | | | | |
| Permanent  Temporary  Casual  Shift/Roster  Before/After school  Name of school attending       School holidays | | | | | | | | | |
| Do you have transport? Yes  No | | | | | | | | | |
| Name of preferred Educators | | | | | | | | | |
| **Care Requirements** | | | | | | | | | |
| When do you require care to commence? | | | | | | | | | |
| Are you flexible with your days and times of care? | | | | | | | | | |
| Parent name: | | | | | | | | | |
| Parent Signature: | | | | | | | | | |
| Date form Completed: | | | | | | | | | |
| **Office use only** | | | | | | | | | |
| Date received:       Parent Contacted: Email  Phone Name of Person who contacted: | | | | | | | | | |
| Notes: | | | | | | | | | |