



## WODONGA AND UPPER MURRAY REGIONAL FAMILY DAY CARE

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### CHANGES TO FAMILY REGISTRATION DETAILS FORM

Please use this form whenever there are changes to your family registration details.

Careprovider's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(same name as used on your current Family Registration Details form)

Child/ren's Names: \_\_\_\_\_  
\_\_\_\_\_  
(same names as used on  
your current Family  
Registration Details form)

Date Changes Effective: \_\_\_\_\_

Please tick the "Type of Changes" box/es below that are applicable and provide full details on the back of this sheet:

- Parent's Name – attach a copy of marriage certificate, statutory declaration, deed poll, etc
- Child/ren's Names – attach a copy of statutory declaration, deed poll, etc
- Residential or Postal Address
- Contact phones numbers including mobile
- Employer details including phone numbers
- Study details
- Family Status
- Reason for Care
- Emergency Contact person with Authority to Collect and Deliver Child/ren
- Parenting Plan or Court Orders – attach a copy of new plan, etc
- Child Care Benefit application: fortnightly reduced fees or full fee payment
- Child Care Benefit: change nomination of eligible hours between services
- Child Care Benefit: change of child/ren accessing other child care services
- Changes to child/ren's medical condition or additional needs
- Other

#### Important Note:

**This form cannot be used to inform us of changes to your Child Care Benefit Percentage or Child Care Benefit Eligible Hours entitlement. For changes to percentages or eligible hours, we must receive a copy of your Family Assistance Office Assessment Notice.**

**Please provide full details of changes here:**

Type of Change: \_\_\_\_\_  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Change: \_\_\_\_\_  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Change: \_\_\_\_\_  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Change: \_\_\_\_\_  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature:

Date:

**Please send in any changes as soon as possible to the Co-ordination Unit, P.O. Box 725, Wodonga 3698. The Co-ordination Unit will send your changes to your care provider asap, and so you know we have received your changed details, we will return a copy to you with a new copy of the form for future changes. Spare copies of the 'Change of Family Registration Details' forms are also available from your Careprovider.**

**Careprovider Use Only: Have taken copy of form: YES / NO      Request copy of form: YES / NO**

**Office Use Only:**

<b>Copy, New form sent to Parent</b>	<b>Details sent to Care provider</b>	<b>Details entered into Harmony</b>

