WODONGA AND UPPER MURRAY REGIONAL FAMILY DAY CARE

Phone: (02) 6057 8400
Email: fdc@umfc.com.au
PO Box 725, Wodonga 3689

REQUEST FOR CARE

HOW DID YOU FIND OUT ABOUT THIS SERVICE?

☐ Yellow Pages ☐ Mailbox Flyer ☐ Local Newspaper ☐ Family & Friends ☐ Previous Client

☐ Child Care Access Hotline ☐ Pamphlets ☐ Internet ☐ Radio ☐ TV ☐ Medical Service ☐ Other

WHERE CARE IS REQUIRED: ☐ Wodonga ☐ Baranduda ☐ Beechworth ☐ Barnawartha

☐ Tallangatta ☐ Wahgunyah ☐ Yackandandah ☐ Other (specify) ,,,

CHILD'S DETAILS and CARE REQUIREMENTS

Please complete and send in a separate Child Details page for each child that requires care.

First Name: _____ **Surname:** _____

Birth Date: _____ **Gender:** ☐ Male ☐ Female

Child's Customer Reference Number: _____

Date Care to Commence: _____

Days of Care Required:

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start							
Finish							

Or Any _____ **Days** **Start Time:** _____ **Finish Time:** _____
(indicate amount of days per week)

Does this child attend another childcare service? ☐ Yes ☐ No
SCHOOL AGE CHILDREN:
Does this child require School Holiday/Vacation Care? ☐ Yes ☐ No
Does this child require School Pupil Free Care? ☐ Yes ☐ No
Does this child require transport?
☐ To/From Home

☐ To/From Kindergarten Name of Service: _____

☐ To/From School Name of Primary School: _____

☐ Other Address: _____

Please provide any additional information that will assist us to support your child's care needs:

Dietary Requirements	
Allergies / Intolerances	
Additional Needs	
Specific Carer Requested	

PARENT/GUARDIAN SIGNATURE

The information on this form is correct and I will notify the Family Day Care service on 6057 8400 of any changes to the information provided on this form such as changes in requested days, commencement date, contact details, family situation eg., working/not working, or if care is no longer required.

Parent/Guardian Signature: _____ **Date:** _____

The personal information that Upper Murray Family Care is collecting from you is protected by the Privacy Act 1988 and will be stored with your child's enrolment records if your enquiry results in the provision of childcare or shredded if care does not go ahead.

OFFICE USE ONLY

Date Received: **Date Entered:** **Harmony Code: W**

Care Commenced: **Care No Longer Required due to:**