

Wagga Wagga Regional Family Day Care



Request for Care

Date of Application: _____ Preferred Start Date _____

Parent Name: _____ Parent FAO CRN _____

Address: _____

Contact Numbers Mobile: _____ Home: _____ Work: _____

Email : _____

Are you (please tick): Working Studying Seeking Work Respite

Please indicate required days and hours. Allow enough time for drop off and pick up.

Child 1: Child's Full Name: _____ Male Female

Date of Birth: _____ Child's FAO CRN: _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start							
Finish							
Start							
Finish							

Before and/or After School Care required: **Yes** Name of School _____ **No**

Are you flexible with these days or times? _____

Do you have a preferred Educator or location _____

Comments and/or Special Requirements (eg Medical, Transport, Allergies): _____

Does your child have a disability/additional needs? **Yes/No** (If yes complete page 2 point number 3)

Details of disability/additional needs. _____

Child 2: Child's Full Name: _____ Male Female

Date of Birth: _____ Child's FAO CRN: _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start							
Finish							
Start							
Finish							

Before and/or After School Care required: **Yes** Name of School _____ **No**

Are you flexible with these days or times? _____

Do you have a preferred Educator or location _____

Comments and/or Special Requirements (eg Medical, Transport, Allergies): _____

Does your child have a disability/additional needs? **Yes/No** (If yes complete page 2 point number 3)

Details of disability/additional needs. _____

Please note the following:

1. Early childhood education and care services including Wagga Wagga Regional Family Day Care (WWRFDC) **cannot enrol** a child unless the parent/guardian has provided documentation that show the child is fully vaccinated for their age or has a medical reason for not being vaccinated. The NSW Personal Health Record (Blue Book), a GP letter or an overseas immunisation record will no longer be accepted as proof of immunisation. Parents are now required to obtain an Immunisation History Statement.

The Immunisation statement can be obtained by:

- Phoning the 'Immunisation Register' on 1800 653 809
- Visiting the 'Medicare Office' or visit 'Medicare Online Services'
- Visiting the 'Australian Childhood Immunisation Register' online.

2. Does your child/children have a **Medical Management Plan (Action Plan)**? **Yes / No**

Note: In the case where your child has ongoing medical conditions e.g. asthma, epilepsy, diabetes, parents must supply the Educator and the Co-ordination Unit with a Medical Management Plan (Action Plan) from a Medical Practitioner which will need to be **updated annually**. At this time the Parent must also complete a Medical Risk Minimisation Plan with their Educator. The child will not be able to commence care until the Medical Management Plan (Action Plan) and Medical Risk Minimisation Plan has been received by the Educator and the Co-ordination Unit.

3. Disabilities or special needs:

I give permission for a WWRFDC staff member to contact the following service to access relevant information regarding my child/children's development: _____

(eg: KEIS, Mission Australia)

Signature of Parent _____ Date: _____

Please contact the Family Day Office on 69 269 367 monthly to stay current on our Placement Register and keep your details updated.

When your request for care is matched with an Educator's vacancy you will be contacted by the Co-ordination Unit and offered the Educator's details. We will endeavour to try and give you more than one Educator's name for you to make contact with.

You may be eligible for Child Care Benefit (CCB) and Child Care Rebate (CCR) to assist with the cost of Education and Care.

To receive CCR you must first be assessed for CCB for approved care.

Information regarding CCB & CCR is available online at www.humanservices.gov.au

You can lodge your form with our Family Day Care Office by:

Option 1: Visit the Wagga Wagga Regional Family Day Care Office

Option 2: Email: fdc@wagga.nsw.gov.au

Option 2: Post: Wagga Wagga Regional Family Day Care

Option 3: Fax: 02 6926 9379

