



CARE REGISTER APPLICATION

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Form for parents to complete with contact details and care requirements

First name*

Surname*

Relationship to child/ren

Email*

Contact number*

Address line 1*

Address line 2

Suburb*

State*

[Choose One]

Postcode*

Employer/Place of Study

Occupation

Child's First Name

Child's Surname

Child's Date of Birth

Preferred Days of Care

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Do you have another child requiring care?

- ☐ Yes
- ☐ No

Please complete the details of your other child/ren

Is this your only child needing care?*

☐ Yes

☐ No

Child's Date of Birth

Child's First Name

Reason for Care

☐ Work

☐ Study

☐ Respite/Interaction with other children

☐ Disability

☐ At Risk

☐ OtherOther text

Type of Care Required

- ☐ Permanent
- ☐ Casual
- ☐ Shift/Roster
- ☐ Before/After School
- ☐ School Holidays
- ☐ School Terms Only
- ☐ Emergency/Occasional/Temporary Care

Care Required From

Other Placement Information

Preferred Educator

What are you looking for in an Educator?

What is important to you in a service/what are you looking for?

How did you hear about Dubbo Family Day Care?

- ☐ Social media
- ☐ Website
- ☐ Friend/Colleague
- ☐ Know an Educator
- ☐ Community Event
- ☐ Newspaper/Radio Advertising
- ☐ Used Previously
- ☐ OtherOther text

Mandatory field(s) marked with *

Submit

Last Edited: 15 Aug 2023