



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: 27 Mar 2019

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