

Mundarda Child Care Centre

... caring is our profession

Application for child care

Today's Date _____

Full Name of Child/ren _____

Date of Birth _____ Age : _____

Full Name of Parent(s)/Guardian _____

Address _____

Telephone (h) _____ (w) _____

Bookings Required

1. Please tick the box next to each day of the week on which care would be required and;
2. Specify the times between which your child would require care on that day.

()	Monday	From	To
()	Tuesday	From	To
()	Wednesday	From	To
()	Thursday	From	To
()	Friday	From	To

Reason care is required

Disability Related	()	Child's Needs	()
Work Related	()	Parent Relief	()
Study Related	()		

Other Reasons (Please State) _____

Mundarda Child Care Centre

... caring is our profession

Have you used any other child care service this financial year?

Yes () No ()

How did you find out about Mundarda?

Word of mouth () Street signs ()
Live close by () Yellow Pages advert
()
Other (Please State) _____

Date.....

Status.....

Date.....

Status.....

Date.....

Status.....

Date.....

Status.....

Date.....

Status.....

Mundarda Child Care Centre

... caring is our profession

Date.....

Status.....

Introductory Visit.....

Orientation.....