



Warringah Council

# FAMILY REGISTRATION FORM

## Child 1 Details

First Name		Last Name	
DOB/Due Date		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Child 2 Details

First Name		Last Name	
DOB/Due Date		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Parent/Guardian 1

First Name		Last Name	
Address			
Suburb		Postcode	
Relationship to Child		DOB	
Email			
Home Ph		Work Ph	
		Mobile	

## Parent/Guardian 2

First Name		Last Name	
Address			
Suburb		Postcode	
Relationship to Child		DOB	
Email			
Home Ph		Work Ph	
		Mobile	

## OFFICE USE ONLY

Payment Type  CASH  CHEQUE  EFTPOS  CREDIT CARD

Received By:

Date:

Receipt No:



### Payment Methods - made payable to Warringah Council:

In person: Customer Service Centre, 725 Pittwater Rd, Dee Why - cash, cheque, credit card, money order and eftpos

Mail: Children's Services, 725 Pittwater Rd, Dee Why - cheque, money order and credit card

Email: [childrenservices@warringah.nsw.gov.au](mailto:childrenservices@warringah.nsw.gov.au) - credit card only

Fax: 02 9942 2664 - credit card only

2011/101024



# FAMILY REGISTRATION FORM

## Required Start Date

The date I would like my child to start child care is:

## Please indicate the type of child care you require:

LONG DAY CARE

How many days/week is Long Day Care Required?

Days/Week

Please tick which days you require Long Day Care

Monday

Tuesday

Wednesday

Thursday

Friday

Please indicate your preferred Long Day Care Centre (in order of preference 1-4)

Belrose

Brookvale

Dee Why

Narrabeen

FAMILY DAY CARE

How many days/week is Family Day Care Required?

Days/Week

Please tick which days you require Family Day Care

Monday

Tuesday

Wednesday

Thursday

Friday

Please indicate your preferred Family Day Care Centre (in order of preference 1-3)

Freshwater area

Dee Why area

Forest area

OCCASIONAL CARE (available as required)

## Priority of Placement (is only given where supporting documentation is supplied)

Y N

- Vulnerable family/child at risk (application supported by a Case Worker from a Support Agency)?
  - Are both parents (or you only, if you are a single parent) working, seeking employment or studying?
  - Is your child from an Aboriginal family?
  - Is your child from a Torres Strait Islander family?
  - Does your family include a person with a disability?
  - Does your child have a disability requiring additional assistance or other special needs?
  - Are you a low-income family (i.e. 100% CCB eligibility)?
  - Are you a non-English speaking family?
  - Are you a socially isolated family?
  - Are you a single parent?
  - Does your child have a sibling at a Warringah Council Long Day Care Centre?
- If yes, Warringah Council Centre Name:

## PAYMENT DETAILS

Cardholder's Name:

Card Type:

Visa

Mastercard

Other

Amount Paid:

\$24.20

Card No:

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Expiry Date:

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Signature:

Date: