

Kirkby House, 33-35 Belmont Street, Sutherland NSW 2232  
Locked Bag 17, Sutherland NSW 1499  
Tel 02 9710 0466 Fax 02 9710 0597

## APPLICATION FOR CHILDCARE LONG DAY CARE & FAMILY DAY CARE

Please complete this form and return to Sutherland Shire Council Children's Services

**Mail:** Locked Bag 17  
SUTHERLAND NSW 1499

**In Person:** Level 2 Kirkby House,  
33-35 Belmont Street, Sutherland

**Email:** [ChildrensServices@ssc.nsw.gov.au](mailto:ChildrensServices@ssc.nsw.gov.au)  
For more information on Children's Services:

**Fax:** (02) 9710 0597

Visit [www.sutherlandshire.nsw.gov.au](http://www.sutherlandshire.nsw.gov.au) or contact the Administration Team on 9710 0466

### Parent / Guardian's Details

#### Parent / Guardian 1 – Parent who will be claiming Child Care Benefit (CCB)

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Home Phone No \_\_\_\_\_ Work Phone No \_\_\_\_\_  
Mobile Phone No \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_

#### Parent / Guardian 2

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Mobile Phone No \_\_\_\_\_ Work Phone No \_\_\_\_\_

Please number the areas you will accept care – up to 3 choices for Family Day Care and 3 choices for Long Day Care in order of preference

Family Day Care Zones & Suburbs		
Preference	Number 1-3 in order or preference	
	<b>Zone 1</b>	Menai Bangor
	<b>Zone 2</b>	Engadine
	<b>Zone 3</b>	Kirrawee Kareela
	<b>Zone 4</b>	Jannali Como
	<b>Zone 5</b>	Sylvania Miranda
	<b>Zone 6</b>	Cronulla Woolooware Caringbah

Long Day Care Centres	
Preference	Number 1-3 in order or preference
	Allison Crescent, Menai
	Bradman Road, Menai
	Caldarra Avenue, Engadine
	Canberra Road, Sylvania
	Dianella Street, Caringbah
	Fauna Place, Kirrawee
	Franklin Road, Woolooware
	Hobart Place, Illawong
	Moore Street, Sutherland
	Soldiers Road, Jannali
	Waratah Street, Cronulla

#### Please tick the box which best describes your situation

- A child at risk of serious abuse or neglect (application can only be lodged by Community Services)
- A child of a single parent or of **two** parents who **both** work (part time and full time), undertake training, study or approved maternity leave
- Any other child

**Proof of eligibility for first and second boxes ticked will be required upon offer of placement**

## Children's Details

**Child 1** First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Date Of Birth \_\_\_\_\_ Gender \_\_\_\_\_

**Require Care From** Month \_\_\_\_\_ Year \_\_\_\_\_

### Days Of Care Required

**Mon**  **Tues**  **Weds**  **Thurs**  **Fri**  **Or Any** \_\_\_\_\_ **Days**  
(number of days)

Are these days flexible? \_\_\_\_\_ To best meet your child care needs, has your child been diagnosed as having any additional needs or allergies/intolerances? \_\_\_\_\_

If yes, Please specify \_\_\_\_\_

**Child 2** First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Date Of Birth \_\_\_\_\_ Gender \_\_\_\_\_

**Require Care From** Month \_\_\_\_\_ Year \_\_\_\_\_

### Days Of Care Required

**Mon**  **Tues**  **Weds**  **Thurs**  **Fri**  **Or Any** \_\_\_\_\_ **Days**  
(number of days)

Are these days flexible? \_\_\_\_\_ To best meet your child care needs, has your child been diagnosed as having any additional needs or allergies/intolerances? \_\_\_\_\_

If yes, Please specify \_\_\_\_\_

## How did you hear about our service?

- |   |   |
|---|---|
| <input type="checkbox"/> Publications, brochures, leaflets        | <input type="checkbox"/> Baby Health Clinic talk          |
| <input type="checkbox"/> Currently have/have had children in care | <input type="checkbox"/> Word of mouth                    |
| <input type="checkbox"/> Internet                                 | <input type="checkbox"/> Visited/spoke to Centre/Educator |
| <input type="checkbox"/> Parent works for Council                 | <input type="checkbox"/> Council Event                    |

I undertake to notify Council of any changes to the information that is on this form such as:

- **Address/email**
- **Family Situation E.g. Working/Not Working**
- **Centre Preferences**
- **Contact Phone Numbers At Work/Home**

By phoning the Children's Services Administration Team on 9710 0466 or email to [childrensservices@ssc.nsw.gov.au](mailto:childrensservices@ssc.nsw.gov.au)

As per the Terms and Conditions, I understand that if the Administration Team contact me on 3 separate occasions and I do not reply, my application will be removed and I will need to re apply at a new date. **Acceptance of Terms and Conditions must be ticked or application will be refused.**

I have read and accept the Terms and Conditions

**Parent / Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*"Privacy and storage of information"*

*The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ("the Act"). The information you have supplied will be stored at Council while the child is attending care and electronically for Child Care Benefit purposes. This information will then be stored in Council archives for up to 7 years.*

*The intended recipients of the personal information are:*

*Authorised Officers within Sutherland Shire Council*

*A person otherwise authorised by law to inspect the records.*

*Council is collecting this information for the purpose of maintaining accurate child-care information and parental contact details. In addition, Council may use this information from time to time in order to contact you to inform you of updated children's services information."*

### OFFICE USE ONLY

**Harmony Code: W** \_\_\_\_\_

