Child Care Needs for the Upcoming Year

38 Sittella Street, Inala 4077 Ph 07 3372 1711 Email FDCadmin@ich.org.au





DEAR PARENTS / GUARDIANS,

Do you need Care for the upcoming year?

(Please tick) **Yes No**

If No, give date of when the care will end? (For CSS to be paid, child must be in care on the last day of care)

If Yes, please complete the form below

Fill in separate form for children with contracted hours., Rosters and RDOs require written declaration from employer.

Educator's Name		Parei	Parent/Guardian's Surname		Child's Sur	Child's Surname (if different)		
Type of Care Weekly Casual / On-Call Rostered Weekly/Fornightly School Holidays								
Do you know the ex	act days / times of	care needed?	Yes	No (Jump to Se	ection A in grey bo	x below)		
Child/rens Name/s Days & Times Attended								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Start Time								
Finish Time								
Start Time								
Finish Time								
Total Hours/ Shifts								

A Approximately at what date will the child's care need to start?

Please list below name of Child, Grade (if applicable) and name of Kindy or School they will be attending?

Child's Name	Grade	Name of Kindy / School

Are you taking holidays over Christmas / New Year period?	Yes (fill dates below)
Holidays start from:	To: (inclusive)

Is your current Educator available to meet your care needs for the upcoming year	?
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Parent/Guardian To Sign: Sign Here

Educator	To Sign:
Sian Here	

Date: Insert Date Here

PTO Feedback:

Your feedback is valued and we would appreciate you comments regarding your care and our service during the year.

Comment

We fully respect your privacy so if you wish to keep your reponse anonymous, feel free to leave the fiels below blank.

Parent/Guardian To Sign:

Sign Here

Educator To Sign: Sign Here Date: Insert Date Here

Thank you for completing this form. Please return to your Educator or the office via email: **FDCadmin@ich.org.au**. Otherwise, feel free to speak further with our Coordinator on **3372 1711**.