

Centre Membership Application Form



Ownership Details

Registered Company Name: _____

ABN: _____

Do you trade as a: Company Partnership Sole Trader Trust Other _____

Business Ownership: Private Community Local Government

Do you operate more than one centre: Yes: (How Many) _____ No

Licensee Contact Details

Primary Licensee Contact: Mr / Mrs / Ms _____

Telephone: _____ Fax: _____

Mobile: _____ Email: _____

Secondary Licensee Contact: Mr / Mrs / Ms _____

Telephone: _____ Fax: _____

Mobile: _____ Email: _____

Mailing Address: (preferred address for all correspondence)

Address: _____

Suburb / Town: _____ State: _____ Postcode: _____

On becoming a fully paid member of Child Care New South Wales, we agree to abide by the Association's Code of Ethics and will endeavour at all times to aim for excellence in the delivery to our service to the community.

Signature of Nominated Representative _____

Name: _____ Position: _____

Annual Membership Subscription:

Centre Membership Fee: \$275

Cheque: Payable to Child Care NSW - PO Box 660, Parramatta NSW 2124

Direct Debit: BSB: 012 437 Account: 108 021 102
Reference: "Comany Name" followed by MEMB

Credit Card: Visa Mastercard

Name on Card: _____

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Expiry Date: ____ / ____ / ____ Signature: _____

A receipt / tax invoice will be sent to the address provided

Centre Details

Centre Name: _____

Centre Address: _____

Suburb: _____ State: _____ Post Code: _____

Telephone: _____ Fax: _____

Website: _____ Email: _____

I authorise _____ to request information on my behalf that relates to the operation of the centre.

Job Title: _____

Building & Licencing Details

Is the building: Owned by the Licensee Operated under a Lease Agreement

Type of services offered: Long Day Care Pre School (9am - 3pm) OOSH Other: _____

Licence Places: 0 - 2yrs (How Many) _____ 2 - 3yrs: (How Many) _____ 3 - 6yrs (How Many) _____ OOSH 5 - 12yrs (How Many) _____

Total Licensed Places per day: _____ OOSH (am): _____ (pm) _____ Vac Care: _____

Number of families who attend the service to receive Family Packs: _____

Opening Time: _____ Closing Time: _____ Total Staff Employed: _____

On which days do you operate: Mon Tue Wed Thur Fri Sat Sun

For additional centre's, please photocopy and attach

The Family Pack and Australian Family Magazine are delivered free, twice yearly in May and October, to child care centres across Australia which have registered to receive the distribution.

The Family Pack contains samples of every day household goods, flow-wrapped with Australian Family Magazine. The magazine publishes articles on family life, parenting, child development, health and education and has an editorial policy of promoting healthy, active family life. Australian Family is also happy to give permission to reprint any articles for your parents' benefit, please contact them direct to organise that. Past articles can be downloaded from the website at www.australianfamily.com.au.

Your centre is under no obligation to register to receive the Family Pack, but if you would like to do so, please contact the Association to be placed on the data base for the next distribution. You can also withdraw at any time. The benefit for our Association is that we receive a royalty payment based on the total numbers of Family Packs distributed. At distribution time, centres are asked to hand the Family Pack to the parent or carer of each Family in the centre.