



Date: _____

To: The Chief Executive Officer
City of Rockingham
PO Box 2142
ROCKINGHAM DC WA 6967

Dear Sir

Re: APPROVAL TO OPERATE A FAMILY DAY CARE SERVICE

I have been advised by the Family Day Care Scheme to seek the City's approval to operate a Family Day Care Service in my home situated at:-

I understand that the maximum number of children allowed is **seven (7)**, including my own children.

Number of own children:- _____

Number of other children to be cared for:- _____

Name of Family Day Care Scheme you
are registered with:- _____

Yours faithfully

(Signature of Applicant)

(Application fee of **\$55.00** plus Application for Certificate of Registration of **\$30.00** applies)

(Please print in FULL BLOCK).

Full Name

Address

Telephone