



Macarthur Care Pair

Auspice of Woodbine Neighbourhood Centre

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LEUMEAH NSW 2560

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ABN No. 82 325 680 916

APPLICATION FORM

GROUP NAME

VENUE OF GROUP

ADDRESS.....

CONTACT NAME

PHONE NUMBER..... MOBILE

EMAIL ADDRESS

NAME OF ORGANISATION.....

ORGANISATION'S ABN:

POSTAL ADDRESS

.....

DOES YOUR GROUP RECEIVE FUNDING, APART FROM MEMBERSHIP FEES AND FUNDRAISING/DONATIONS.....

DAY OF GROUP

TIME OF GROUP

BOOKING DATES.....

.....

APPROX NUMBER OF CHILDREN AGED: 0-2 YRS.....

3 - 5 YRS.....

DO YOU HAVE ANY OF THE FOLLOWING?

A FENCED OUTDOOR AREA YES/NO

A SEPARATE ROOM YES/NO

TABLES AND/OR CHAIRS YES/NO

PLEASE ATTACH TO YOUR APPLICATION

- :
- A CURRENT COPY OF YOUR PUBLIC LIABILITY INSURANCE.