

Early Childhood Care Funding Claim

Child Information

Child's Full Name:

Date of Birth:

Child ID (if applicable):

Parent/Guardian Details

Parent/Guardian Name:

Contact Number:

Email Address:

Care Centre Details

Care Centre Name:

Centre Registration Number:

Funding Claim Details

Type of Funding:

Claim Period:

Claim Amount (\$):

Parent/Guardian Signature:

Date:

Submit Claim