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Waiting List Application Form

Please note: All information provided will be treated confidentially.

Date of Application:

CHILD'S DETAILS

Family Name: Child CRN:

	Name	Date of Birth	Male/Female
1.
2.
3.

PARENT DETAILS

Parent CRN:

Parent 1 (CRN holder)

Parent 2

Family Name: Family Name:

Given Name: Given Name:

Address: Address:

Occupation: Occupation:

Phone: (H) Phone: (H)

(W) (W)

(M) (M)

Email: Email:

REQUIREMENTS

Days Required (Please circle only days required):

Monday Tuesday Wednesday Thursday Friday

Care Required From (Date):

Note: Please consider Step by Step's two (2) day minimum attendance policy.

COMMENTS (e.g. any two (2) days to start)

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How did you hear about us?

A fully refundable \$200 bond per child will be taken to secure a position once available, four (4) weeks prior notice MUST be given to re-acquire the full bond. A \$100 fee applies to cancellations made prior to agreed start date.

Note: Completing this form is not a guarantee of placement, only once bond is paid will the enrolment be confirmed.

Please email or post this form to the above details.