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## Waiting List Application Form

N.B. All information 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

#### 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 tick 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)

.....

How did you hear about us? .....

**A fully refundable \$200 bond per child will be taken to secure a position once available, two(2) weeks prior notice MUST be given to re-acquire the full bond. A \$100 fee applies to cancellations made prior to start date.**

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

**Please fax, email or post this form to the above details.**