



Castle Hill Beehive Waitlist Application

Please pay the Waitlist Fee of \$50 (cheque or direct deposit) and return this form to:

CASTLE HILL BEEHIVE

569 Old Northern Rd, Castle Hill NSW 2154

e castlehill@beehivechildcare.com.au / fx 9894 0168

BSB: 062-217; A/c No: 10589998 (please use your child's name as the descriptor if using direct deposit)

Child's Name _____

Date of Birth _____ Sex _____

Parent's Name _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____

Allergies / Additional Needs

Comments

Application Date _____

Proposed Start Date _____

Preferred days of attendance _____