



# Killara Beehive Waitlist Application

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

**KILLARA BEEHIVE**

1 Ridgeland Avenue, Killara NSW 2071

e [Killara@beehivechildcare.com.au](mailto:Killara@beehivechildcare.com.au) / fx 9499 2562

BSB: 062-217; A/c No: 10432229 (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 \_\_\_\_\_