



The Alphabet Academy
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Waitlist Application Form

Date of Application:

Date of care required to start:

Child Details

Child's Full Name:

D.O.B:

Days of care required (Please Circle): Monday Tuesday Wednesday Thursday Friday

Are you flexible/fixed in the days indicated above (please circle): Flexible, fixed

Is your Child of Aboriginal or Torres Strait Islander Descent?

Any known Medical Conditions/Allergies (Please State):

Any known additional needs (Please state):

Parent Details

Parent/Guardian full name:

D.O.B:

Address:

Contact number:

Email Address:

Employment Status (please Circle): Working

Non-Working Studying

Special Family circumstances:

Have you applied for CCB/CCR with Centrelink? Yes/No

Office Use:

Allocated Room:

Start Date required:

Anticipated wait for vacancy:

Family added to email contacts for updates/invitations to events: Yes / No , why?

Follow up:

Communication with families