



WAITING LIST APPLICATION FORM

(Please send/email your completed application form to us with payment details)

Child's Details

First Name Last Name CRN.....

Date of Birth / / 20..... Male Female

Enrolling Parent's / Guardian's Details

First Name Last Name CRN.....

Date of Birth / /

Address

Suburb Post Code

Email Phone

When would you like your child to start? / / 20.....

Class: Junior (2 to 3.5 yrs) Preschool (3 to 5 yrs)

Please **circle** your preferred sessions:

Monday	Tuesday	Wednesday	Thursday	Friday
Half-day 7.30-12 pm	Half-day 7.30-12 pm	Half-day 7.30-12 pm	Half-day 7.30-12 pm	Half-day 7.30-12 pm
Full Day 7.30am-5.30pm	Full Day 7.30am-5.30pm	Full Day 7.30am-5.30pm	Full Day 7.30am-5.30pm	Full Day 7.30am-5.30pm

Are above days flexible? Yes / No

Does your child have any special care / needs? Yes No

If yes, please specify:
.....
.....
.....

How did you hear about us?

- Friends / Relatives:
- Had older sibling at the Centre before: name of sibling:
- Website
- Facebook
- Other:

I understand that this application does not guarantee placement. I accept that placements are dependent on vacancies available at any given time and are influenced by placement guidelines. I understand that an application fee is required for administration purpose and is non-refundable. I will apply to Centrelink FAO for any intention to claim for Child Care subsidy.

.....
Signature

.....
Date

Payment Options

Direct Bank Transfer

Account Name: Faith Montessori Centre
BSB: 035 213
Account No: 376 386

Credit Card

Type of card: VISA / MASTERCARD

Card Number: _____

Expiry Date: ___ / ___ CCV: _____

Thank you for your application. Your child's details will now be registered onto our Waiting List. We will contact you when we are able to offer your child a place at our Centre.

Office Use Only

Date application received Fee Received Yes No

Enrolment Confirmation sent on

Authorised by

- Enrolment pack given
- Enrolment form received
- Added to QIKKIDS
- Added to Centre mobile phone
- Added to Email

Faith Montessori Centre

www.faithmontessori.education

ABN 92 608 024 611

17 Cooke Crescent, Royal Park SA 5014

Phone : 08 8341 0369 | Text Only : 0414 975 445

Email : faithmontessoricentre@gmail.com