



WAITING LIST APPLICATION

(Application fee of \$70 must accompany this form)

Child's Details

First Name Last Name

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

Enrolling Parent's / Guardian's Details

First Name Last Name

Date of Birth / /

Address

Suburb Post Code

Home Phone Mobile

Email

Have you had or do you currently have other children at our Centre? Yes No

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

If yes, please specify:

Is there anything we need to have in place to help your child settle to our Centre? Yes No

If Yes to above questions, please supply details:

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

- Class:** Junior (2 to 3.5 yrs.)
- Preschool (3.5 to 6 yrs.)

* Please note that the child must be toilet trained in order to be placed in the Preschool class.

Please **circle** your preferred sessions:

Monday	Tuesday	Wednesday	Thursday	Friday
Half-day with BSC 7.30-12 pm	Half-day with BSC 7.30-12 pm	Half-day with BSC 7.30-12 pm	Half-day with BSC 7.30-12 pm	Half-day with BSC 7.30-12 pm
Half-Day AM 9am-12pm	Half-Day AM 9am-12pm	Half-Day AM 9am-12pm	Half-Day AM 9am-12pm	Half-Day AM 9am-12pm
Half-Day PM 12.30–3.30pm	Half-Day PM 12.30–3.30pm	Half-Day PM 12.30–3.30pm	Half-Day PM 12.30–3.30pm	Half-Day PM 12.30–3.30pm
Full-Day 9am – 3.30pm	Full-Day 9am – 3.30pm	Full-Day 9am – 3.30pm	Full-Day 9am – 3.30pm	Full-Day 9am – 3.30pm
Long Day Care 7.30am-5.30pm	Long Day Care 7.30am-5.30pm	Long Day Care 7.30am-5.30pm	Long Day Care 7.30am-5.30pm	Long Day Care 7.30am-5.30pm

Are above days flexible? Yes / No

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.

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Signature

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Name

.....
Date

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.

Payment Options

Cash

Please remit directly to Joyce or Lai and a receipt will be issued to you promptly. Please do not send cash via post as we cannot guarantee it will be received.

Cheque

Please make cheques payable to "Faith Montessori Centre Pty Ltd"

Direct Bank Transfer

Please deposit your payment to:

Account Name: Faith Montessori Centre

BSB: 035 213

Account No: 376 386

Credit Card

Please provide credit card details:

Type of card: VISA / MASTERCARD

Card Number: _____

Expiry Date: ____ / ____ CCV: _____

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

Office Use Only

Date application received Fee Received Yes No

Enrolment Confirmation Sent on (date)

Authorised by

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