



## PARENT / TODDLER APPLICATION FORM

(Please print clearly)

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Child's Family Name	<input type="text"/>	Given Names:	<input type="text"/>
Date of Birth:	<input type="text"/>	Sex:	<input type="text" value="M/F (Please Circle)"/>
Address:	<input type="text"/> <input type="text"/>		
Contact Email:	<input type="text"/>		
Country of Birth:	<input type="text"/>	First Language:	<input type="text"/>

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( Mr / Mrs / Ms / Dr )

Parent or Guardian name:	<input type="text"/>		
Address: ("As above" if same as child)	<input type="text"/>		
Mobile Number:	<input type="text"/>	Occupation:	<input type="text"/>
Country of Birth:	<input type="text"/>	First Language:	<input type="text"/>

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( Mr / Mrs / Ms / Dr )

Parent or Guardian name:	<input type="text"/>		
Address: ("As above" if same as child)	<input type="text"/>		
Mobile Number:	<input type="text"/>	Occupation:	<input type="text"/>
Country of Birth:	<input type="text"/>	First Language:	<input type="text"/>

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Siblings:	<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have siblings attended a Montessori school? If so, which school?

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Does your child have any additional needs (e.g. medical, social, cultural or religious) or concerns (e.g. medical or developmental) that the Directress may need to know? (Please note that this information is confidential)

Does your child have any childcare experience? (i.e. playgroup, daycare, pre-school)

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If English is not your child's first language, does your child speak English?

Is English the language spoken at home?

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What festivals, celebrations or traditions does your family celebrate? And when?

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How did you hear of our school?

Why have you chosen Hills Montessori for your child's education?

What outcomes are you expecting for your child?

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Do you require a translator when communicating with staff? If so, what is your preferred language?

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### Under 3's sessions operate from 9.30am – 11.30am

Please circle your preference:

Monday	Tuesday	Wednesday	Thursday	Friday
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**Please Note:** We will endeavour to enrol your child into your preferred session but in the case of that session being full we suggest you circle all days that would suit giving them numbered preferences ie 1 for 1<sup>st</sup> preference.

More than one session can be attended each week, dependent on vacancies.

Progression into the Parent/Toddler program from another Montessori Parent/Toddler group is not automatic but will be taken into consideration.

**Progression into the Preschool classes is not automatic without an enrolment application.**

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**Please complete:**

**Conditions of Enrolment Application.**

I/We understand that there is no guarantee of placement.

I/We understand that there is an Enrolment Fee of \$25.00 payable with application.

Our account details are; Hills Montessori Society BSB: 082 167 Account: 516492704  
(Please use your child's name as reference.)

**To be signed by at least one parent or guardian.**

PARENT/GUARDIAN (Signed \_\_\_\_\_ Date: \_\_\_\_\_)

PARENT/GUARDIAN (Signed \_\_\_\_\_ Date: \_\_\_\_\_)

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**OFFICE USE ONLY**

Waiting List

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PF

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Fee Received

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Tour

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Start Date

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Immunisation

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Comments:

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Attended Education Evenings etc"

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