



APPLICATION FORM – PRESCHOOL PROGRAMS

Child Details

Family Name		Given Name	
Preferred First Name		D.O.B	
Gender			
Address			
Country of Birth			
First Language			

Parent/Carer Details

Full Name		Relationship to child	
Salutation			
Address		Phone number	
Email Address			
Best Method of Communication	<input type="checkbox"/> Phone / <input type="checkbox"/> Email / <input type="checkbox"/> Either		

Parent/Carer Details

Full Name		Relationship to child	
Salutation			
Address		Phone number	
Email Address			
Best Method of Communication	<input type="checkbox"/> Phone / <input type="checkbox"/> Email / <input type="checkbox"/> Either		

Siblings

Name	Gender	Date of Birth

Have any siblings attended a Montessori School? If so, which school?	
Does your child have any additional needs (e.g. medical, social, cultural or religious) or concerns (e.g. medical or developmental) that we may need to know? <i>Please note this information is confidential.</i>	
Does your child have any childcare experience? (e.g. playgroup, day-care, pre-school)	
Is English the language spoken at home?	Yes No
If English is not the child's first language, does your child speak English?	<input type="checkbox"/> Yes No
Is your child of Aboriginal or Torres Strait Islander origin?	No Aboriginal Torres Strait Islander <input type="checkbox"/> Both
Do you have a Government Health Care Card? <i>(This is not a Medicare Card)</i>	Yes No
How did you hear of our school?	
Why have you chosen Hills Montessori for your child?	
What outcomes are you expecting for your child?	
When would you like to commence at Hills Montessori?	
How long do you anticipate your child will be enrolled in the school? And if known, what school do you anticipate your child attending after Hills Montessori?	

Enrolment options are below (please number your preference in order):

2 Full Days 8.30am – 4.00pm	Mon/Tues		Thurs/Fri	
3 Full Days 8.30am – 4.00pm	Mon/Tues/Wed		Wed/Thurs/Fri	
5 Half Days 8.30am – 11.30am	Monday – Friday			
5 Full Days 8.30am – 4.00pm (limited places)	Monday – Friday			

I am interested in Before and/or After Session Care: Please select your requirements, if known:

Before Session Care – 7.30am – 8.30am	Mon	Tue	Wed	Thu	Fri
After Session Care – 11.30am – 4.30pm (for half day children only)	Mon	Tue	Wed	Thu	Fri
Extended After Session Care – 4.00pm – 4.30pm	Mon	Tue	Wed	Thu	Fri

Do you require a translator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which language	

Please complete:

Conditions of Enrolment Application

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

I/We understand that there is a non-refundable Application fee of \$100 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 completed by at least one parent/carer

I/We the undersigned wish to place our child’s name on the waiting list for Hills Montessori School. I/We have read the conditions and accept them in making this application.

Parent/Carer Signature		Date:
Parent/Carer Signature		Date:

OFFICE USE ONLY

Waiting List Date		Start Date	
Year of Entry		Priority	
Received By		Open Day/Tour	
Enrolment Fee Paid		Immunisation Status	
Notes			