

KOTARA MONTESSORI CHILDREN'S CENTRE

Postal Address: 19 Joanne Street Kotara 2289 Phone (02) 4952 1172

Waiting List Application Form

• **Child's full name (1):**

Given Names.....Surname.....

Date of birth: Male/Female: Home Phone:

Address:Post Code.....

• **Child's full name (2):**

Given Names.....Surname.....

Date of birth: Male/Female:

• **Mother's name:**..... **Father's name:**.....

Ph No.....(Mobile)(work) (Mobile).....

Occupation: Occupation:.....

Day's & Hours of Care Required: (please tick)

	MON	TUE	WED	THU	FRI
8.00AM-4.00PM					
8.00AM-5.00PM					

• **Work Status** (please circle)

Mother	Working	Seeking Employment	Studying	Not Working
Father	Working	Seeking Employment	Studying	Not Working

Child attending another Centre **Yes/No**

Child on waiting list at another Centre **Yes/No**

Signed: Date:

(Mother, Father, Guardian)

Your application to the Waiting List does not guarantee a placement. Enrolment depends entirely on vacancies available at any given time. To ensure your ongoing waiting list placement, please call (email: jordmat@bigpond.net.au) the Centre every 3 months to advise your interest. Your attendance at our Montessori Parent Evenings will enhance your placement at the Centre.

Please return this form to 19 Joanne Street Kotara 2289.

Office Use Only observation invitation sent – date _____ starting date _____	Contacts
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