

The Montessori Journey

Waiting List Form

Phone: 07 3396 8800

OFFICE USE ONLY

Date received: _____

Child's name: _____

Parent's name: _____

Contact number: _____

Child's name _____ Second name _____ Surname _____

Address _____

Telephone _____ Nationality _____

Sex M / F _____ D.O.B. _____ Country of Birth _____

Primary language spoken at home _____

Does your child speak English? **Yes / No**

Guardian making this application

Title _____ Name _____ Surname _____

Relationship to the child _____ Contact number _____

Address _____

Email _____

Application for a position

Days you wish your child to attend (please circle) Mon Tue Wed Thur Fri

Hours of care _____ 1st attendance date _____ Age on 1st attendance _____

Are you familiar with, and in support of, the Montessori education philosophies? **Yes / No**

Has your child had previous Montessori experience? **Yes / No**

Has your child been in childcare before? **Yes / No** If yes, please give details ie. which Centre?

Employment Status: (please circle one number only)

- (1) Sole parent work related (2) Sole parent work not work related
(3) Both parents work related (4) Two parents – one or both not work related.

Work related includes the following – please circle the most appropriate explanation.

- Unemployed and seeking work
- Studying/Training
- Employed full/part-time

Thank You

Please return this form, together with the \$10 non-refundable application fee, to the Centre via mail or in person. Your child's name will be placed on our Waiting List and you will be contacted as soon as there is a vacancy available. Should you wish to discuss any aspect of this application, please call the Director directly on (07) 3396 8800.