

## WAITING LIST APPLICATION

To facilitate processing of this application please complete the following details and submit together with the Wait List Fees (refer to Schedule of Fees). Please forward with this form to:

**The School Administrator, Castlecrag Montessori School Inc, 184 Edinburgh Road, Castlecrag, NSW 2068, Australia.**

### CHILD'S DETAILS

Child's Name: \_\_\_\_\_  
(Surname) (First Names)

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_  
(Note: Children usually commence during the term in which they turn 3 years of age)

### PARENT'S DETAILS (Please indicate preferred address for correspondence)

**Mother's Name:** \_\_\_\_\_  
(Surname) (First Names)

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
(Surname) (First Names)

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ W) \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

### ENROLMENT OPTIONS

5 mornings (recommended) ☐ 3 mornings (3 yr olds only) ☐ 3 full days ☐

### ADDITIONAL INFORMATION

If your child has attended another Montessori School (eg, Under 3's) or has any siblings who have previously attended either Castlecrag Montessori School or another Montessori school, please give details:

Name of Child/ren/Sibling/s: \_\_\_\_\_

School and Period of Attendance: \_\_\_\_\_

**How did you hear about our school?** \_\_\_\_\_

I/We apply for the name of the above child to be placed on the Waiting List Register for Castlecrag Montessori School. I/We have read the information provided and accept that following the Montessori philosophy and being part of a parent run school will place special requirements on our family. I/We understand that acceptance of the child's name by the School Committee onto the Waiting List Register does not guarantee a placement for the child at the school.

I/We enclose payment of \$55 being for Waiting List fees (non refundable) . If paying by EFT please use child's name as reference.

Cheque enclosed ☐ Cash ☐ or EFT to BSB 732 199 Account 564 367: Date of transfer

\_\_\_\_\_  
(Signature of mother or guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of father or guardian)

**Telephone enquiries to: Vicki Tong (School Administrator, Telephone (02) 9958 7903)**

**PRIVACY CONSIDERATIONS** – The School undertakes to keep this information secure and confidential. Occasionally you may be contacted to inform you of special events at or organised by the School or of matters considered to be of interest from a Montessori perspective.