

WAIT LIST APPLICATION FORM

Child's Name			Date of Birth:
(Note: Children usually commence during the term in which they turn 3 years of age)			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Home Address			
Mother's Name			
Address (if different to child)			
Email Address			
Telephone	Mobile:	Home:	
Father's Name			
Address (if different to child)			
Email Address			
Telephone	Mobile:	Home:	
Is your child immunised? In accordance with current government regulations, your child must be fully immunised to attend any Preschool.	<input type="checkbox"/> YES Please provide copy of immunisation record	<input type="checkbox"/> No Please contact us for further information	
Does your child have any special or additional needs? Department of Education's "Priority of Access" guidelines may apply	<input type="checkbox"/> YES *	<input type="checkbox"/> No	
* If yes, please provide details or documentation			

Waitlist Fee

I would like to place my child on the waitlist for Castlecrag Montessori School		
<input type="checkbox"/> YES - \$55 (non-refundable)	Castlecrag Montessori School	If paying by EFT please use
Date of transfer:	BSB: 032-090, Account: 164 194	Child's name as reference.
I am interested in the following programs		
<input type="checkbox"/> 5 mornings (recommended)	<input type="checkbox"/> 3 mornings (3 yr olds only) (M,T,W)	

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/sibling:		
School and period of attendance:		
How did you hear about Castlecrag Montessori School?		

Declaration

I/We apply for my/our child, named above to be placed on the Waiting List Register for Castlecrag Montessori School. I/We understand that acceptance of my/our child's name by the School Committee onto the Waiting List Register does not guarantee a placement for the child at the school.		
Signature of Mother:		Date:
Signature of Father:		Date:

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.