

JESCOTT MONTESSORI WAITING LIST APPLICATION FORM



Please attach a copy of your child's **immunisation records** from the Australian Standard Vaccination Program. This application **WILL NOT BE PROCESSED** without proof of immunisation.

APPLICATION PAYMENT DETAILS

A payment in the amount for \$75 **must be included** with this application. This amount is **NON-REFUNDABLE**. Direct deposit is preferred, and bank details are as follows:

BSB: 035-044 and Account Number: 159718

Please include your child's name as the reference.

Please indicate: *Receipt No.* _____ *Date of Transfer.* _____

We also accept a cheque or Money Order made out to 'Jescott Montessori Preschool'.

Payment of the \$75 at Jescott makes you eligible for a discounted fee of \$25 (per additional centre) if you also wish to join the waiting list of any of our sister centres. Please complete a separate Waiting List application for each centre of choice and forward payment and immunisation records **directly** to the relevant centre. The forms are available at www.samontessori.com.au.

Alternatively, you may have already paid the full \$75 Waiting List fee to one of our sister centres, or you may be an existing family there. If this applies to you, and you are therefore eligible for the **\$25** discounted Waiting List fee for Jescott, please circle the centre you have already applied to:

Cedars / Lilliput Village / Chancery Lane / Rosemont House

CHILD'S BOOKING DETAILS

Family name: _____ Given names: _____

Date of birth: / / Gender of child: _____

Does your child have additional care needs or require medical management? *Please detail:*

When would you like your child to begin? Month _____ Year _____

Preferred days of attendance: _____ Or 5 Days

Please nominate your preferred entry level: **Nido Playgroup** (Tuesday morning only)
 Preschool: 3-6 year olds (8am – 4pm)

PRIORITY ACCESS

We abide by the Priority of Access Guidelines set by the Department of Family and Community Services (Refer <http://www.education.gov.au/priority-allocating-places>). To help us equitably fill vacancies, please tick the appropriate boxes below if you fit the circumstances listed, and **attach further details**.

- a child at risk of serious abuse or neglect
 a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test

DETAILS OF PARENT/GUARDIAN APPLYING

Family Name: _____ Given Name: _____ Relationship to child: _____

Phone (1): _____ Phone (2): _____

Email: _____

Address: _____

Town/Suburb: _____ P/Code: _____

APPLICATION AGREEMENT

- I wish to apply for a placement at Jescott Montessori Preschool as detailed.
- I understand that this application **does not guarantee** an offer of placement.
- I accept that placements are at the discretion of the Centre Director and can be influenced by Priority of Access Guidelines.
- I have attached a copy of my child's immunisation records.
- I have included the \$75 Application Fee (or \$25 Sister Centre Fee). **I understand that this processing fee is non-refundable.**
- I understand that I must apply directly to Centrelink for child care entitlements if I intend to claim them.

Signature: _____ Date: / /

Please return this form to Jescott Montessori Preschool:
6 Lorne Ave, Magill, 5072, or email to jescott@samontessori.com.au

OFFICE USE ONLY

Date Received: / /

Date Payment Received: / /

Immunisation Record Attached? YES / NO (If NO, date received: / /)

Date of original Waiting List application: / /

Date visited: / /

Date of Contact	Details	Name of staff member