



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 Direct Deposit amount for \$75 **must be included** with this application. This amount is **NON-REFUNDABLE**. Bank details are as follows:

BSB: 035-000 and Account Number: 663883

Please include your child's name as the reference.

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

We also accept a cheque made out to 'Rosemont House Montessori'.

Payment of the \$75 at Rosemont House 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 Rosemont, please circle the centre you have already applied to:

Cedars / Chancery Lane / Jescott / Lilliput Village

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 note our hours of operation are Mon – Fri: 8:30 am – 5:30 pm

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 Rosemont House Montessori (incorporating the Montessori From The Start program).
- 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 Rosemont House Montessori Preschool: PO Box 4036
Tranmere North SA 5073, or email to rosemont@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