



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: 733896**

Please include your child's name as the reference.

Please indicate: Receipt No: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_

We also accept a cheque made out to 'Little Oxford Montessori Pre-school'.

**Payment of the \$75 at Little Oxford 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](http://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 Little Oxford, please circle the centre you have already applied to:

**Cedars / Chancery Lane / Jescott / Lilliput Village / 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 \_\_\_\_\_

Please nominate your preferred entry level:

- Nido:** 6 months - 12 months
- Piccolo:** 12 months - 2 years
- Bambini:** 2-3 years
- Pre-school:** 3 years - school age

Please circle preferred days: **M T W Th F**

**Hours of Operation: M-F 8:00 am – 5:30 pm**  
**Nido Hours – please refer to Prospectus**

## 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 Little Oxford Montessori Pre-school.
- 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 Little Oxford Montessori Pre-school:**  
**18 Trimmer Tce, UNLEY SA 5061, or email to [oxford@samontessori.com.au](mailto:oxford@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