



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 FEE DETAILS

The Cedars Montessori Preschool Waiting List Fee is **waived** if you are able to complete one of the criteria below.

CRITERIA FOR 'NO FEE' SIBLING WAITING LIST APPLICATION:

- One (or more) of my children* is currently attending Cedars.
- One (or more) of my children* has previously attended Cedars.
Year Last Attended: _____
- One (or more) of my children* is already on Cedars's Waiting List.
Year Applied: _____

*Name of child(ren): _____

Please note: We reserve the right to request the full \$75 Waiting List Fee before processing your Application if we are unable to find an official record of the listed sibling.

OFFICE USE ONLY:

Checked Initials: _____

CHILD'S DETAILS

Family name: _____ Given name: _____ Date of birth: ___/___/___ Gender: _____

Does your child have additional care needs and/or require medical management? *If so, please briefly summarise below:*

PARENT/GUARDIAN DETAILS

Family name: _____ Given name(s): _____ Relationship to Child: _____

Mobile Phone: _____ Other Phone: Home Work _____

Postal Address: _____ Suburb: _____

Postcode: _____ Email: _____

ENROLMENT PREFERENCES

Preferred Start Date: Month: _____ Year: 20____

Entry Level: Toddler Playgroup (Tuesday mornings only) Transition (Tuesday session only) Preschool: 3-6 year olds (M-F: 8am – 4pm)

Days of Attendance: I can be flexible around vacancies available Full-time (5 days) Specific Days Requested: _____
2 day minimum for Preschool

APPLICATION AGREEMENT

- I wish to apply for a placement at Cedars Montessori Preschool.
- I understand that this application **does not guarantee** an offer of placement.
- I accept that SA Montessori reserves the right to prioritise placements to support families facing exceptional circumstances and/or promote the well-being of the Cedars community.
- I understand that I must apply directly to Centrelink for child care entitlements if I intend to claim them.
- **I have attached a copy of my child's immunisation records** (**unless my child is unborn at the time of this application, in which case I agree to forward these records when they are available).

Signature: _____

Date: ___/___/___

Please return this form to Cedars Montessori Pre-school:
52 Oxford Terrace, Unley SA 5061, or email to cedars@samontessori.com.au