CHANCERY LANE MONTESSORI PRESCHOOL
SIBLING WAITING LIST APPLICATION

SA MONTESSORI
quality early childhood education and care

> 📎 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 Chancery Lane 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 Chancery Lane.

❑ One (or more) of my children* has previously attended Chancery Lane.
Year Last Attended: _____

❑ One (or more) of my children* is already on Chancery Lane'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 *(Hours of Operation are Mon – Fri: 8:00 am – 6:00 pm)*

Preferred Start Date: Month: _____ Year: 20_____

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 Chancery Lane 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 Chancery Lane 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 Chancery Lane Montessori Pre-school:
21 Chancery Lane, Adelaide 5000, or email to chancerylane@samontessori.com.au