



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 Jescott 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 Jescott.
- One (or more) of my children\* has previously attended Jescott.  
Year Last Attended: \_\_\_\_\_
- One (or more) of my children\* is already on Jescott'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:  Nido Playgroup (Tuesday mornings 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 Jescott 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 Jescott 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 Jescott Montessori Preschool:  
6 Lorne Ave, Magill, 5072, or email to [jescott@samontessori.com.au](mailto:jescott@samontessori.com.au)