



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 Lilliput Village 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 Lilliput Village.
- One (or more) of my children\* has previously attended Lilliput Village.  
Year Last Attended: \_\_\_\_\_
- One (or more) of my children\* is already on Lilliput Village'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:

- Bambini: 2-3 years old (M-F: 8:00am - 5:00pm)  Preschool: 3-6 years old (M-F: 8:00am - 5:00pm)

#### Days of Attendance:

**2 day minimum** for Preschool

- I can be flexible around vacancies available  Full-time (5 days)  Specific Days Requested: \_\_\_\_\_

### APPLICATION AGREEMENT

- I wish to apply for a placement at Lilliput Village 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 Lilliput Village 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 Lilliput Village Montessori Preschool:  
193 Portrush Road, Mallands, 5069, or email to [lilliput@samontessori.com.au](mailto:lilliput@samontessori.com.au)