



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 Waiting List Fee **must be included** with this application.
Waiting List Fees are **Non-Refundable**.

Cheques/Money Orders to 'Little Oxford Montessori Preschool' are accepted.
Direct deposit is preferred (please see details below).

BSB: 035-000 Account Number: 733896

Please use your child's name as the reference & complete details below:

- \$75 - Standard Waiting List Fee** OR
- \$25 - Discounted Waiting List Fee*** (please refer to criteria to the right)

Transfer date: ___/___/___ Receipt No: _____

OFFICE USE ONLY:

Date of Payment: ___/___/___ Amount Received: \$ _____ Checked SC Initials: _____

*** SA MONTESSORI**

DISCOUNTED WAITING LIST FEE CRITERIA:

- You are eligible for a discounted **\$25** Waiting List fee at Little Oxford if your child:
- *Currently attends another SA Montessori centre and/or,*
 - *Has previously attended Little Oxford or another SA Montessori centre and/or,*
 - *Is on the Waiting List at another SA Montessori centre.*

Please specify your connection below to claim your discounted fee:

Centre Connection	Cedars	Chancery Lane	Jescott	Lilliput Village	Rosemont House
On Waiting List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment of the \$75 fee at Little Oxford makes you eligible for a discounted fee of **\$25 per additional centre** if you 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.

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____

Hours of Operation: M-F 8:00 am – 5:30 pm*

Entry Level: Nido (6 m – 12 m) Piccolo (12 m – 2 yrs) Bambini (2 yrs – 3 yrs) Preschool (3 yrs – school age)
*refer to Prospectus for Nido hrs

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 Little Oxford 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 Little Oxford 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).
- I have included the \$75 Fee (or \$25 Discounted SA Montessori Fee). **I understand that this fee is non-refundable.**

Signature: _____

Date: ___/___/___