



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 'Rosemont Montessori Preschool' are accepted.

Direct deposit is preferred (please see details below).

BSB: 035-000 Account Number: 663883

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 **\$25** Waiting List fee at **Rosemont** if **any child** in your family:

- Is on the Waiting List at one of our SA Montessori centres and/or,
- Currently attends one of our SA Montessori centres and/or,
- Has previously attended one of our SA Montessori centres.

Please specify your connection below to claim your discounted fee:

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

Name/s of child/ren (as per above): _____

Payment of the \$75 fee to Rosemont makes you eligible for the SA Montessori Discounted Fee of \$25 (per centre) when also joining the waiting list of any of our sister centres. Separate Waiting List forms (www.samontessori.com.au) must be completed for each centre of choice and forwarded (with payment and immunisation) **directly** to that centre.

CHILD'S DETAILS

Family name: _____ Given name/s: _____ 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:

- ☐ Montessori From the Start: 6 month - 3 year olds (8:30am-5:30pm) ☐ Preschool: 3-6 year olds (8:30am-5:30pm)

Days of Attendance:

2 day minimum

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

APPLICATION AGREEMENT

- I wish to apply for a placement at Rosemont House 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 Rosemont House 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: ____/____/____

Please return this form to Rosemont House Montessori Preschool:
59 Kensington Road, NORWOOD SA 5067, or email to rosemont@samontessori.com.au