

## CEDARS MONTESSORI PRESCHOOL WAITING LIST APPLICATION





Please attach a copy of your child's <u>immunisation records</u> from the Australian Standard Vaccination Program. This application WILL NOT BE PROCESSED without proof of immunisation\*\*.

## **APPLICATION PAYMENT DETAILS**

**\*SA MONTESSORI** A Waiting List Fee **must be included** with this application. **DISCOUNTED WAITING LIST FEE CRITERIA:** Waiting List Fees are Non-Refundable. You are eligible for a \$25 Waiting List fee at Cedars if any child in your family: Cheques/Money Orders to 'Cedars Montessori Preschool' are accepted. Is on the Waiting List at one of our SA Montessori centres and/or, Direct deposit is preferred (please see details below). Currently attends one of our SA Montessori centres and/or, Has previously attended one of our SA Montessori centres. BSB: 035-044 Account Number: 159443 Please specify your connection below to claim your discounted fee: Please use your child's name as the reference & complete details below: Centre Chancery Little Rosemont Cedars Jescott Lilliput Connection Lane Oxford House On Waiting List □ \$75 - Standard Waiting List Fee OR П Current Student □ \$25 - Discounted Waiting List Fee\* (please refer to criteria to the right) Past Student Name/s of child/ren (as per above): \_ Transfer date: / / Receipt No: Payment of the \$75 fee to Cedars makes you eligible for the SA Montessori Discounted OFFICE USE ONLY: Fee of \$25 (per centre) when also joining the waiting list of any of our sister centres. Separate Waiting List forms (<a href="www.samontessori.com.au">www.samontessori.com.au</a>) must be completed for each Date of Payment:\_\_\_/\_\_\_/ Amount Received: \$\_\_\_\_\_ \bigcup Checked SC Initials:\_ centre of choice and forwarded (with payment and immunisation) directly to that centre. **CHILD'S DETAILS** \_ Date of birth: \_\_\_/\_\_/ Gender: \_\_ Family name: \_\_\_\_\_ Given name/s: \_\_\_\_ Does your child have additional care needs and/or require medical management? If so, please briefly summarise below: PARENT/GUARDIAN DETAILS Given name/s: Relationship to Child: Other Phone: ☐ Home ☐ Work Mobile Phone: Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email: \_\_\_\_ **ENROLMENT PREFERENCES Preferred Start Date:** Month: \_\_\_\_\_ Year: 20\_\_\_\_ **Entry Level:** ☐ Toddler Playgroup (Tuesday mornings only) ☐ Transition (Tuesday session only) ☐ Preschool: 3-6 year olds (M-F: 8am – 5:30pm) 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 understand that I must apply directly to Centrelink for child I wish to apply for a placement at Cedars Montessori Preschool. care entitlements if I intend to claim them. I understand that this application does not guarantee an offer of I have attached a copy of my child's immunisation records placement. (\*\*unless my child is unborn at the time of this application, in which case I agree I accept that SA Montessori reserves the right to prioritise placements to forward these records when they are available). to support families facing exceptional circumstances and/or promote I have included the \$75 Fee (or \$25 Discounted SA Montessori the well-being of the Cedars community. Fee). I understand that this fee is non-refundable.

Signature:\_