

ECHOES MONTESSORI – EXPRESSION OF INTEREST FORM

The completion of this form helps us to respond to your request for a placement.

Please attach a copy of your child's MEDICARE immunisation records from the Australian Standard Vaccination Program. This application will not be processed without proof of Immunisation. Please note that payment is **not** required for the 'Expression of Interest' at this stage (*offer valid until 1st October 2021*).

If you wish to apply to other SA Montessori Waiting Lists please complete a separate Waiting List application for each Centre of choice and forward payment & immunisation records directly to the relevant Centre. Forms available at www.samontessori.com.au

CHILD'S DETAILS

Family name:
Given Name:

Date of birth: ____/____/____ Gender of child: **MALE /FEMALE**

Does your child have additional care needs or require medical management?
Please detail:

PROPOSED BOOKING DETAILS

Echoes Montessori is scheduled to open from January 2022 (TBC)

When would you like your child to begin? Month Year

Which age group would you like your child to enter (please tick below):

Nido (6 months to first steps) ☐

Bambini program (Toddlers) ☐

Pre-school program (3-6 year olds) ☐

Please write your preferred days into the appropriate box

2 Days	<input type="text"/>
3 Days	<input type="text"/>
4 Days	<input type="text"/>
5 Days	Monday, Tuesday, Wednesday, Thursday & Friday

DETAILS OF PARENT/GUARDIAN APPLYING

Name:

Relationship to child:

Phone (1) Phone (2)

Address:
No. /Street:

Town/Suburb: Postcode:

Email contact

APPLICATION

I wish to apply for placement at Echoes Montessori as detailed.

I understand that this centre is still in development and, as such, details and start dates are subject to change.

I understand that this application does not guarantee an offer of placement.

I accept that placements are at the discretion of the Centre Director.

I have attached a copy of my child's Medicare immunisation records.

I understand that I must apply to FAO/Centrelink for Child Care Subsidy if I intend to claim such benefit.

Signature: _____ Date: ____/____/____

How did you hear about our Centres? _____

Are you an existing or past family at another of our SA Montessori centres?

If so, which centre? _____ Which year? _____

Is your child on a waiting list at: Chancery Lane, Jescott, Lilliput, Oxford, Rosemont or Cedars (Please circle)

Please return form to: Echoes Montessori c/o PO Box 4036, Tranmere Nth, 5073

Office use only

Date received:

Immunisation Record Attached and checked:

Receipt No:

Date acknowledged:

Date of visit:

[illegible]