



EXPRESSION OF INTEREST: ECHOES MONTESSORI (MODBURY)

Child's Details

First name: _____

Surname: _____

D.O.B: _____ Gender: _____ Medicare Immunisation records attached (please tick):

Does your child have additional care needs or require medical management? If so, please specify:



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.

Details of Parent/Guardian Applying

First name: _____ Surname: _____

Relationship to child: _____ Email: _____

Mobile: _____ Home/work phone: _____

Address: _____

I wish to register my interest for a placement at Little Oxford Montessori as detailed below.

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

SIGNATURE: _____ DATE: _____

Preferred Start Date: ____/____/____

Anticipated opening from October 2021

Nomination of Days and Age Group

Please tick **ONE** row below to indicate your preferred age group and days of attendance. Minimum attendance is **two** days.

Age Group	Monday	Tuesday	Wednesday	Thursday	Friday
Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-school (3 yrs- school age):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is Your Child Already Part of the SA Montessori Community?

Please specify your connection below (tick all that apply):

Centre	On Waiting List	Sibling on Waiting List	Already enrolled/attending	Sibling on Waiting List	Sibling enrolled/attending
Cedars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chancery Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jescott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lilliput Village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little Oxford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rosemont House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>