



APPLICATION FORM

(Application fee of \$70 must accompany this form)

Child's Details

First NameLast Name CRN.....

Date of Birth / / 20..... Male Female

Enrolling Parent's / Guardian's Details

First Name Last NameCRN.....

Date of Birth/...../.....

Address

Suburb Post Code

Home Phone Mobile

Email

Have you had or do you currently have other children at our Centre? Yes No

Does your child have any special care / needs? Yes No

If yes, please specify:

Is there anything we need to have in place to help your child settle to our Centre? Yes No

If Yes to above questions, please supply details:

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When would you like your child to start? / / 20.....

- Class: Junior (2 to 3.5 yrs.)
 Preschool (3.5 to 6 yrs.)

Please **circle** your preferred sessions:

Monday	Tuesday	Wednesday	Thursday	Friday
Half-day 7.30-12 pm	Half-day 7.30-12 pm	Half-day 7.30-12 pm	Half-day 7.30-12 pm	Half-day 7.30-12 pm
Full Day 7.30am-5.30pm	Full Day 7.30am-5.30pm	Full Day 7.30am-5.30pm	Full Day 7.30am-5.30pm	Full Day 7.30am-5.30pm

Are above days flexible? Yes / No

How did you hear about us?

- Friends / Relatives:
- Had older sibling at the Centre before. Name of sibling:
- Website
- Facebook
- Other:

I understand that this application does not guarantee placement. I accept that placements are dependent on vacancies available at any given time and are influenced by placement guidelines. I understand that an Application fee is required for administration purpose and is non-refundable. I will apply to Centrelink FAO for any intention to claim for Child Care subsidy.

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Signature

.....
Name

.....
Date

Thank you for your application. Your child's details will now be registered onto our Waiting List. We will contact you when we are able to offer your child a place at our Centre.

Payment Options

Cash

Please remit directly to Joyce and a receipt will be issued to you promptly. Please do not send cash via post as we cannot guarantee it will be received.

Direct Bank Transfer

Please deposit your payment to:

Account Name: Faith Montessori Centre

BSB: 035 213

Account No: 376 386

Credit Card

Please provide credit card details:

Type of card: VISA / MASTERCARD

Card Number: _____

Expiry Date: ____ / ____ CCV: _____

Please send/email your completed application form to us with payment details.

Office Use Only

Date application received Fee Received Yes No

Enrolment Confirmation Sent on (date)

Authorised by

- Enrolment pack given
- Enrolment form received
- Added to Qikkids
- Added to Centre mobile phone
- Added to Email

Faith Montessori Centre

www.faithmontessori.education

ABN 92 608 024 611

17 Cooke Crescent, Royal Park SA 5014

Phone : 08 8341 0369 | Text Only : 0414 975 445

Email : faithmontessoricentre@gmail.com