



Hills Montessori

APPLICATION FORM – PRESCHOOL PROGRAM

Child Details

Family Name:

Given Name:

Preferred First Name:

D.O.B:

Gender:

Address:

Country of Birth:

First Language:

Parent/CarerDetails

Full Name:

Relationship to child:

Salutation:

Phone Number:

Address:

Email:

Best Method of Communication:

Occupation:

Parent/CarerDetails

Full Name:

Relationship to child:

Salutation:

Phone Number:

Address:

Email:

Best Method of Communication:

Occupation:

Siblings

Name

Gender

Date of Birth

Have any siblings attended a Montessori School?

If so, which School?

Was your child full term?

Were there any pre-natal or birth complications or trauma? If yes, please provide details

Does your child currently attend childcare?

If yes, which centre do they attend & how long have they attended?

Will they be continuing at this centre while attending here?

Does your child have any allergies or anaphylaxis?

If yes, do they have an allergy or anaphylaxis action plan from their doctor?

Please provide details of allergies.

Does your child have asthma or eczema?

If yes, do they have an action plan from their doctor?

Does your child have any intolerances?

If yes, what do they need to avoid?

Does your child have any other health/medical conditions?

If yes, please provide further details about the condition.

Does your child attend any other child activities, and if so, what do they attend?(e.g playgroup, music, sporting activities)

Does your child see a Speech Therapist?

Does your child see an Occupational Therapist?

Does your child see any other therapists (including Behavioural therapist, optometrist, physiotherapist, Chiropractor etc) and please list which ones?

If yes to any of the above, then please outline how long they have been seeing the therapist and the goals they are working on. If you have any reports these will need to be supplied prior to your child commencing.

Does your child have any other additional needs (e.g social, cultural, or religious) or concerns that we may need to know?

Is English the language spoken at home?

If English is not the child's first language, does your child speak English?

Do you require a translator?

If yes, which language

How did you hear of our school?

Why have you chosen Hills Montessori for your child?

What outcomes are you expecting for your child?

When would you like to commence in the Preschool?

(we will do our best to accommodate your request based on availability)

How long do you anticipate your child will be enrolled in the school?

If known, what school will your child be attending after Hills Montessori?

Discounted Tuition Fees Eligibility – Discounted Tuition Fees are available for children that; are First Nations children; registered on the National Disability Insurance Agency (NDIS) program; or in a low-income family and their parent holds a current Government Health Care or Pensioner Card. These cards must show the parent's name with the child's name listed below.

Does your child have a current NDIS Plan?

Do you have a Government Health Care or Pension card?

Is your child of Aboriginal or Torres Strait Islander origin?

ENROLMENT OPTIONS ARE BELOW (please number your preferences in order):

2 Fulls Days 8:30am – 4:00pm – Mon/Tue

Thu/Fri

3 Fulls Days 8:30am – 4:00pm – Mon/Tue/Wed

Wed/Thu/Fri

5 Half Days 8:30am – 11:30am – Monday – Friday

5 Fulls Days 8:30am – 4:00pm (limited places) – Monday – Friday

I am interested in before and/or after session care: please select your requirements, if known:

Mon Tue Wed Thu Fri

Before Session Care: 7:30am – 8:30am (All classes)

After Session Care: 11:30am – 4:30pm (Half day class)

After Session Care: 4:00pm – 4:30pm (Full day classes)

Please complete:

Conditions of Enrolment Application

I/We understand that there is no guarantee of placement.

I/We understand that there is a non-refundable Application Fee of \$100 payable with the application.

Our account details are: Hills Montessori Society

BSB: 082 167

Account: 516492704 (please use your child's name as the reference)

To be completed by at least one parent/carer

I/We the undersigned wish to place our child's name on the waiting list for Hills Montessori School. I/We have read the conditions and accept them in making this application.

Parent/Carer Signature:

Date:

Parent/Carer Signature:

Date:

OFFICE USE ONLY

Waiting List Date:

Enrolment Fee Received:

Priority:

Year of Entry:

Received by:

Immunisation Status:

Open Day/Tour:

Enquiry Tracker Status:

Notes: