



Hills Montessori

preschool & kindergarten

APPLICATION FORM – BEFORE & AFTER SESSION CARE

Child Details

Family Name		Given Name	
Preferred First Name		D.O.B	
Gender			
Address			
Country of Birth		First Language	

Parent/Carer Details

Full Name		Relationship to child	
Salutation	Mr / Mrs / Ms / Dr / Other		
Address		Phone number	
Email Address			
Best Method of Communication	Phone / Email / Either		

Parent/Carer Details

Full Name		Relationship to child	
Salutation	Mr / Mrs / Ms / Dr / Other		
Address		Phone number	
Email Address			
Best Method of Communication	Phone / Email / Either		
Does your child have any additional needs (e.g. medical, social, cultural or religious) or concerns (e.g. medical or developmental) that we may need to know? <i>Please note this information is confidential.</i>			

Is English the language spoken at home?	Yes / No
If English is not the child's first language, does your child speak English?	Yes / No
Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both

Please select your preference, if known:

Before Session Care – 7.30am – 8.30am (all classes)	Mon	Tue	Wed	Thu	Fri
After Session Care – 11.30am – 4.30pm (for Half Day class only)	Mon	Tue	Wed	Thu	Fri
Lunch – 11.30am – 12.30pm (for Half Day Class only)	Mon	Tue	Wed	Thu	Fri
After Session Care – 4.00pm – 4.30pm (for Full Day Classes)	Mon	Tue	Wed	Thu	Fri
Kindergarten (ASC) – 2.30pm – 3.30pm <input type="checkbox"/> OR 2.30pm – 4.30pm <input type="checkbox"/>	Mon	Tue	Wed	Thu	Fri

Please Note: Daily cost of Before and After Session care is a flat rate.

Casual bookings are dependent on vacancies as permanent bookings get priority.

Does your child require a sleep?	Yes / No <i>(if yes please provide your own sheets)</i>
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Please complete:

Conditions of Enrolment Application

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

To be completed by at least one parent/carer

Parent/Carer Signature		Date:
Parent/Carer Signature		Date:

OFFICE USE ONLY

Waiting List Date		Start Date	
Year of Entry		Permanent	
Received By		Casual	
Notes			