



# Montessori Western Metro

## Montessori Western Metro Registration of Interest 2017

\$50 non-refundable registration fee  (Amount will be deducted from your first term fee)

Office use only		
Received:	Reg. Fee paid: Yes/ No	Waiting List <input type="checkbox"/> Offered Position <input type="checkbox"/>
		Phone Enquiry <input type="checkbox"/> Reception <input type="checkbox"/>

### CHILDREN'S DETAILS

Child's Given Name	Date of birth: ___/___/___
Child's Family Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>

### INFORMATION ABOUT PARENTS

(Please circle) Mrs, Ms, Miss, Mr	Relationship to child:
Given Name:	Family Name:
Address:	
Email:	
Phone: Home: Mobile: Business:	
Language/s Spoken at home:	
Do you: Work <input type="checkbox"/> Study <input type="checkbox"/> (Please tick)	
Does the child have any additional needs? (Please circle) Yes / No	
(Such as diagnosed disability, development delays – including speech delays or other intellectual, sensory or physical impairments. Please attach any relevant information that will help to meet your child's needs)	
If YES, please indicate the services involved with your child:	
_____	
_____	
_____	
_____	

## NOMINATING PREFERENCES

Please indicate order of preference (please number) from 1-5) with 1 being most preferred

Day	Session Time	Cost Per term	Subsidy	Preference 1-5
Monday	9am-4pm Full day 9am-12pm 1pm-4pm	\$80 Full day \$40 Full Day	Child Care Benefit & Child Care Rebate (if eligible)	
Tuesday	9am-4pm Full day 9am-12pm 1pm-4pm	\$80 Full day \$40 Full Day	Child Care Benefit & Child Care Rebate (if eligible)	
Wednesday	9am-4pm Full day 9am-12pm 1pm-4pm	\$80 Full day \$40 Full Day	Child Care Benefit & Child Care Rebate (if eligible)	
Thursday	9am-4pm Full day 9am-12pm 1pm-4pm	\$80 Full day \$40 Full Day	Child Care Benefit & Child Care Rebate (if eligible)	
Friday	9am-4pm Full day 9am-12pm 1pm-4pm	\$80 Full day \$40 Full Day	Child Care Benefit & Child Care Rebate (if eligible)	

Please indicate if you would like to enroll for more than one day (circle)

Yes

No

If yes, please indicate numbers of days

- Places are allocated as registration is received.
- You may not get your first preference
- Only nominate days you are prepared to attend

## CONSENT BY PARENT/GUARDIAN

I \_\_\_\_\_ the parent of \_\_\_\_\_ consent to the personal and health information collected on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(This form must be signed by a parent before the enrolments is accepted)

**Privacy Notification:** The personal and health information being collected on this form by Montessori Western Metro for the purpose of planning current and future group services at the center. The information will solely be used by Montessori Western Metro. This information shall remain private and confidential within the Centre and will only be disclosed to other person or agencies as consented by the enrolling parents. The applicate understands that the personal and health information provided is for the placement of children in the Montessori Western Metro Preschool program.