



# Elizabeth Macarthur Montessori Pre-School Association Incorporated

## **ENROLMENT APPLICATION FORM**

DATE OF APPLICATION: \_\_\_\_\_

CHILD'S SURNAME: \_\_\_\_\_ COMMENCEMENT YEAR: \_\_\_\_\_

CHILD'S GIVEN NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PARENT (1) / GUARDIAN: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE NUMBERS: (W) \_\_\_\_\_ (H) \_\_\_\_\_

MOBILE NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT (2) / GUARDIAN: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE NUMBERS: (W) \_\_\_\_\_ (H) \_\_\_\_\_

MOBILE NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_ POSITION IN FAMILY: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

DOES YOUR CHILD SUFFER FROM ANY SPECIFIED MEDICAL CONDITIONS?  
(ie Epilepsy, asthma, anaphylaxis, allergies etc.)

YES / NO

Details:

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IS YOUR CHILD RECEIVING ANY MEDICATION?

YES / NO

Details:

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DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? (please include documentation from speech therapist, pediatrician, educational psychologist or other professional)

YES / NO

Details:

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IMMUNISATION: DIPHTHERIA, WHOOPING COUGH, TETANUS (TRIPLE ANTIGEN)  
SABIN (POLIO)  
MEASLES, MUMPS RUBELLA, HIB

YES / NO  
YES / NO  
YES / NO

**ENROLMENT POLICY**

I / We have read the general information booklet and agree to the expectations placed upon parents contained therein.

I / We understand and agree to the payment of all fees stated in the fees policy of the information booklet.

I / We understand that a **non- refundable Listing Fee of \$200.00 per child** is to be paid to Elizabeth Macarthur Montessori Pre-School to register my child's name as a pupil on the waiting list. The listing fee is only refundable in the event Elizabeth Macarthur Montessori Pre-School being unable to offer a position to my child.

I / We understand that as a member of an incorporated association of New South Wales will be liable, whilst a member or within one year after ceasing to be a member, to contribute to the association assets in the event of its being wound up, to an amount not exceeding fifty dollars. In the event of my application being accepted by the Council, I undertake to abide by the Memorandum and articles of Association, which shall be force from time to time. The member only, has a right to vote in all council elections, however all parents can be involved in the running of the school. If both parents wish to become members then two memberships fees are required.

**I / We have enclosed a cheque / money order for the amount of \$200.00 made payable to Elizabeth Macarthur Montessori Pre-School for the enrolment Listing Fee.**

**PARENT (S) / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>		
Date Application Received:		
Date Listing Fee Received:		Amount: \$
Date Bond Moneys Received:		Amount: \$
Start Date:		