



WAITING LIST APPLICATION

Child's full name:		Date of birth:			
Parent contact details					
Mother's name:			Father's name:		
Mobile phone:			Mobile phone:		
Email:			Email:		
Required days and hours of care					
	MON	TUE	WED	THU	FRI
8.00AM-4.00PM					
8.00AM-5.00PM					
AGE GROUP:	6-18 months	18 months-3 years	3-5 years		
Preferred Start Date:					
Child attending another Centre			YES/NO		
Child on waitlist at another Centre			YES/NO		
How did you hear about Kotara Montessori?					
Signature of applicant:				Date of application:	
Additional Notes:					

Application Received:	Invitation to Parent Information Sessions:
Contact Dates:	