Waiting List



www.montessoriacademy.com.au

WAITLIST FORM

Montessori Academy Locati	ion	
Guardian Details		
First Name	Last Name	Date of Birth
Gender	Mobile Phone	Email
First Address Line	Second Address Line	Country
Suburb	State	Post Code
Child Details		
First Name	Middle Name	Last Name
Date of Birth (Or Expected)	Gender	Notes
Child Enrolment Schedule		
Expected Start Date	Schedule of Attendance (Please Circle)	
	Mon Tue Wed	Thu Fri
enrolment position becoming available. 2. I understand that an enrolment position of		attendance schedule, or expected start date prior to an ous tour. d for children over two years unless otherwise agreed

- upon enrolment.
- 4. I understand that fees must be paid from the date of availability of a place once I confirm my child's enrolment.
- 5. I understand that Montessori Academy allocates positions in accordance with internal policies including, but not limited to, the child's age, classroom availability, government requirements, sibling preferences, and enrolment terms and conditions.
- 6. I understand that the centre fees quoted may change prior to my child's commencement date at the centre.
- 7. I understand that as of January 2018 children who are unvaccinated due to their parent's conscientious objection can no longer be enrolled in childcare. 8. I understand that New Centre opening dates and enrolment positions are subject to Service Approval from the Department of Education.
- 9. I consent to receiving communications from Montessori Academy in accordance with their Privacy Policy.

10. Our Family Care Team may touch base bi-annually regarding your child's waitlist. Where families are continually unresponsive, or we are unable to get in touch with you, Montessori Academy reserves the right to remove your child from the waitlist.

Guardian Full Name

Date

Signature

