

# Adelaide Montessori Early Learning Centre



## WAITING LIST APPLICATION FORM Private and Confidential

### CHILD'S DETAILS

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ M/F

Date of birth: \_\_\_\_\_

### PARENT/GUARDIAN DETAILS

Mother/Guardian: \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Contact Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Home \_\_\_\_\_ Mobile \_\_\_\_\_

Please indicate which days you would like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Extended Day</b> 8.00 - 4.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Full Day</b> 8.45 - 3.15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Half Day</b> 8.45 - 11.45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or 12.15 - 3.15 (Thebarton only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When would you like your child to start at Adelaide Montessori? \_\_\_\_\_

Which Centre would you like your child to attend? Thebarton  Norwood

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send completed form to Adelaide Montessori Early Learning Centre, 5a Walter Street, Thebarton SA 5031 or 33 Gray Street, Norwood SA 5067 with a non-refundable application fee of \$50 to ensure your child's details are registered onto our database. Thank you for your interest in Adelaide Montessori and we look forward to welcoming you to our centre.*

Please debit my credit card for the total amount of \$50.00

Name of cardholder: \_\_\_\_\_

MasterCard / Visa \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Signed: \_\_\_\_\_