Graphical user interface, text, application

Description automatically generated

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s first name |  | | Second name | | |  | | Surname |  | |
| Address |  | | | | | | | | | |
| Telephone |  | | | | Nationality | |  | | | |
| Sex |  | DOB | | |  | | Country of Birth | | |  |
| Primary language spoken at home | | | |  | | | | | | |
| Does your child speak English? Yes No | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Guardian making this application** | | | |  | |
| Title |  | Name |  | Surname |  |
| Relationship to the child | | |  | Mobile |  |
| Address |  | | | Email |  |

**Application for a position**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days you wish your child to attend | | | Mon. Tus. Wed. Thur. Fri. | | |
| Hours of care |  | 1st attendance date |  | Age of 1st attendance |  |
| Are you familiar with, and in support of, the Montessori education philosophies? | | | | Yes No | |
| Has your child had previous Montessori experience? | | | | Yes No | |
| Has your child been in childcare before? | | | | Yes No | |

**Employment Status**

|  |  |
| --- | --- |
| (1) Sole parent work related | (2) Sole parent work not work related |
| (3) Both parents work related | (4) Two parents – one or both not work related |
| Work related includes the following – please tick the most appropriate explanation. | |
| Unemployed and seeking work  Studying/Training  Employed full/PT | |

**Thank You**

Please return this form, together with the $10 non-refundable application fee, to the Centre via mail or in person. Your child’s name will be placed on our Waiting List and you will be contacted as soon as there is a vacancy available. Should you wish to discuss any aspect of this application, please call the Director directly on (07)3396 8800.