# Graphical user interface, text, application Description automatically generatedThe Montessori Journey Waiting List Form

Phone: 07 3396 8800

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 information** | | | |  | |
| 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 |  |
| Has your child been in childcare before? | | | | Yes No | |

**Medical History**

|  |  |  |
| --- | --- | --- |
| Does your child have any hearing or visual problems? | Yes No | |
| If yes, please provide details: | | |
| Does your child have any physical or emotional problems, language or speech difficulties, developmental delays, special needs or challenging behaviours that we should be aware of? | | Yes No |
| If yes, please provide details: | | |

**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.