

Waratah Montessori Preschool

Sturt St at Evans Rd, Telopea
P O Box 3147, Telopea, NSW 2117
Tel: (02) 9638 5242 Fax: (02) 9638 5703

ENROLMENT APPLICATION FORM

Child's first name _____ Surname _____

Date of Birth _____ Present Age _____ Sex _____

Language spoken: _____ Cultural background: _____

Mother's name _____

Address _____

Tel No: Home _____ Mobile _____ Work _____

Language(s) spoken: _____ Occupation: _____

Are you working, studying or looking for work? _____

Date of Birth: _____ Email Address: _____

Father's name _____

Address (if different) _____

Tel No: Home _____ Mobile _____ Work _____

Language(s) spoken: _____ Occupation: _____

Are you working, studying or looking for work? _____

Date of Birth: _____ Email Address: _____

How did you find out about our preschool? _____

APPLICATION FEE to accompany this application.

\$50 per child

Please make cash/cheques payable to Waratah Montessori Pty Ltd.

Signature: _____ Date: _____

OFFICE USE ONLY: Application received: _____ Payment included _____ Entered on Wait List _____