KOTARA MONTESSORI CHILDREN'S CENTRE

Postal Address: 19 Joanne Street Kotara 2289 Phone (02) 4952 1172

Waiting List Application Form

	Child's full name (1): Given NamesSurname					
	Date of birth: Male/Female: Home Phone:					
P	Address:					
	Child's full name (2): Given Names			Surname		
	Date of birth: Male/Female:					
• N	Mother's name: Father's name:					
F	Ph No(Mobile)(work) (Mobile)					
(Occupation:	Occupation:				
Day's & Hours of Care Required: (please tick)						
		MON	TUE	WED	THU	FRI
	3.00AM-4.00PM					
Č	3.00AM-5.00PM					
		Seeking Employment Seeking Employment		Studying Not Working Studying Not Working		
	d attending another Centre d on waiting list at another					
Sian	ned:	Date:				
J	(Mother, Father, Guard					
vaca (ema	r application to the Waiting Lis ancies available at any given ti ail: jordmat@bigpond.net.au) t Montessori Parent Evenings w	me. To ensu he Centre ev ill enhance y	re your ongo ey 3 months our placeme	ing waiting list to advise your nt at the Centre	placement, plo interest. Your e.	ease call
		n this form t	1	e Street Kotar	a 2289.	
obse date			Contacts	3		
start	ting date					