MONTESSORI
INTERNATIONAL COLLEGE

APPLICATION FORM

Program Request : Parent Toddler Program (15mths – 3yrs)

SESSION INFORMATION

In which term would you wish to commence? Term_____ of 2017

Please circle your preferred session day? Tuesday or Friday

Session Times: All sessions are held 9am – 11am.

Session Dates: **Term 1:** Tuesday 31st January - Tuesday 28th March (9 sessions)

Friday 27th January – Friday 24th March (9 sessions)

Term 2: Tuesday 18th April – Tuesday, 13th June *No session on Tuesday 25th April

Friday 21st April – Friday 16th June *No session on Friday 16th June

CHILD INFORMATION

Child's First Name:	**Child's Surname:**
Child's Preferred Name:	**Sex M/F:**
Date of Birth:	**Current Age:**
Country of Birth:	**Citizenship:**
Current Postal Address:	
Post Code:	**Telephone:**

Child Care Information

Current Child Care/Playgroup:

Child Care/Playgroup Name:_____

Suburb/State: _____

Number of Days Attendance per Week: _____

Name of Director/Head Educator: _____

Attended From: _____ Attended To: _____

Previous Child Care/Playgroup:

Child Care/Playgroup Name:_____

Suburb/State: _____

Number of Days Attendance per Week: _____

Name of Director/Head Educator: _____

Attended From: _____ Attended To: _____

APPLICATION FORM (cont'd)

Prenatal Information

Please briefly describe your pregnancy, labour, childbirth. Please describe any concerns:

_____

_____

_____

Medical Information

Does your child have a known disability? Yes ☐ No ☐

Does your child have a known health issue? Yes ☐ No ☐

Does your child have a medical condition of which the school should be aware? Yes ☐ No ☐

If Yes to above questions, please provide details below. If No, proceed to next section.

Please tick ✓

Intellectual	☐	Social/Emotional	☐	Hearing	☐
Physical	☐	Vision	☐	Speech	☐
Allergy*	☐	Anaphylaxis	☐	Language	☐
Glue Ear	☐	Diabetes Mellitus Type 1	☐	Asthma	☐
Autism/Aspergers	☐	Febrile Convulsions	☐	Epilepsy	☐

Other (please specify) _____

*Allergy (please specify) _____

Please provide a brief description of condition and treatment

_____

_____

_____

Specialist Information

Please describe any developmental concerns you may have about your child:

_____

_____

Has your child undergone any recent developmental progress support or assessment? Yes ☐ No ☐

Has your child had any recent allied health or medical specialist assessments? Yes ☐ No ☐

If Yes to either question, please provide details below. If No, proceed to next section.

Please tick ✓

Paediatrician	☐	Speech Pathologist	☐	Psychologist	☐
Orthopaedic	☐	Behavioural Psychologist	☐	Other	☐
Physiotherapist	☐	Occupational Therapist	☐		

Other (please specify) _____

Please provide a brief description of condition and treatment:

_____

_____

APPLICATION FORM (cont'd)

FAMILY INFORMATION

Parent/Guardian/Carer 1	Parent/Guardian/Carer 2
Title:	**Title:**
First Name:	**First Name:**
Surname:	**Surname:**
Relationship to Applicant:	**Relationship to Applicant:**
Mobile:	**Mobile:**
Home Phone:	**Home Phone:**
Work Phone:	**Work Phone:**
Email:	**Email:**
Current Address:	**Current Address:**
Postcode:	**Postcode:**
Postal Address (if different):	**Postal Address (if different):**
Postcode:	**Postcode:**
Occupation:	**Occupation:**
Company/Organisation:	**Company/Organisation:**

Please tick ✓ any that apply:

Parents Married and Living Together ☐ Single Parent ☐ Parents Separated ☐ Parents Divorced ☐

Mother Deceased ☐ Father Deceased ☐ Mother is remarried ☐ Father is remarried ☐

Name (s) of Step parents if applicable: _____

Child lives with: Mother ☐ Father ☐ Both ☐

Other (please specify): _____

Siblings

Name(s): _____ Age: _____ DOB: _____ Sex: M/F

Name(s): _____ Age: _____ DOB: _____ Sex: M/F

Name(s): _____ Age: _____ DOB: _____ Sex: M/F

PROGRAM/VENUE INFORMATION

The Parent Toddler Program is for children aged 15mnths – 3yrs, attending a 2 hour session, one day a week with a parent/carer. Sessions are led and facilitated by a Montessori Infant Guide.

Venue – Montessori International College. 880 Maroochydore Road, Forest Glen. Our school location is on STARK LANE, Forest Glen. Please place Stark Lane into your GPS, entrance to our school is via the roundabout on Stark Lane. On arrival, please use the entrance of the two-storey brick building.

APPLICATION FORM (cont'd)

FEE INFORMATION

The 2016 fee for the Parent Toddler Program is **$500.00 per term*** (per child). (Payment options outlined below).

Term 1 fees – due by Friday, 20th January, 2017. Term 2 fees – due by Friday, 7th April, 2017.

*Please note that payment is non-refundable and cannot be transferred or applied as credit. Payment is required to confirm your child's place. Numbers are limited.

I/We herby attest that the information contained in this application is true and accurate to the best of my/our knowledge. I/We acknowledge that attendance to MIC's Parent Toddler Program is separate to enrolment in the Montessori International College. I/We understand that to enrol my child at MIC I need to follow the Application Process as outlined in the MIC Enrolment Information Handbook. I/We understand that all policies pertaining to MIC also apply to the Parent Toddler Program.

Child's Name: _____

Parent/Guardian/Carer 1 Name (please print): _____

Signature: _____ Date: _____

Parent/Guardian/Carer 2 Name (please print): _____

Signature: _____ Date: _____

This form is to be completed and forwarded to:

Rebecca Shanahan
Montessori International College
PO Box 7309
SIPPY DOWNS QLD 4556 Australia
Telephone: +61 7 5442 3807
Email: rebecca@montessori.qld.edu.au

Payments can be made via:

Credit card
To pay via MasterCard or VISA. 1% fee charged for Credit Card Payments. Please provide your credit card number below.

Expiry Date: / CCV:

Electronic Funds Transfer
Bank Name: Westpac Bank
Account Name:
Montessori International College
BSB: 034 198
Account No. 530490
Reference: Family Name, First Name

Mail
Mail your cheque to:
Montessori International College
P.O Box 7309
Sippy Downs Qld 4556

Eftpos or Cash
pay by person at:
880 Maroochydore Road (Stark Lane), Forest Glen

Direct Debit
Please contact the office to arrange a direct debit.

MONTESSORI INTERNATIONAL COLLEGE

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