

APPLICATION FORM

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

SESSION INFORMATION

In which term would you wish to commence? Term 3 of 2017

Session Dates: Fridays : 28 July, 11 August, 25 August, 8 September.

Session Times: 9am – 10:30am

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 <input type="checkbox"/>	Social/Emotional <input type="checkbox"/>	Hearing <input type="checkbox"/>
Physical <input type="checkbox"/>	Vision <input type="checkbox"/>	Speech <input type="checkbox"/>
Allergy* <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/>	Language <input type="checkbox"/>
Glue Ear <input type="checkbox"/>	Diabetes Mellitus Type 1 <input type="checkbox"/>	Asthma <input type="checkbox"/>
Autism/Aspergers <input type="checkbox"/>	Febrile Convulsions <input type="checkbox"/>	Epilepsy <input type="checkbox"/>

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 <input type="checkbox"/>	Speech Pathologist <input type="checkbox"/>	Psychologist <input type="checkbox"/>
Orthopaedic <input type="checkbox"/>	Behavioural Psychologist <input type="checkbox"/>	Other <input type="checkbox"/>
Physiotherapist <input type="checkbox"/>	Occupational Therapist <input type="checkbox"/>	

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 15mths – 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 2017 fee for the Parent Toddler Program is: Per Child, per term \$140.

Per Child, per session \$35

Please see payment options outlined below. Payment to be made for term by Monday 24th July 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 hereby 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:

Enrolments Coordinator
Montessori International College
PO Box 7309
SIPPY DOWNS QLD 4556 Australia
Telephone: +61 7 5442 3807
Email: enrolments@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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.