

## PARENT TODDLER PROGRAMME WAITING LIST FORM

### CHILD'S DETAILS

Family or Surname: \_\_\_\_\_

Given or Christian Names: \_\_\_\_\_

Known as (preferred name): \_\_\_\_\_ Gender:  Male  Female

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

### PARENT/GUARDIAN 1

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ P/code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

### PARENT/GUARDIAN 2

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ P/code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

### SESSION PREFERENCE

Please circle and/or number session required in order of preference.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

### EMERGENCY CONTACT

Name of a relative or friend who could be contacted in an emergency (eg parent/carer becoming seriously ill during Session).

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ P/code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

## MONTESSORI HISTORY

Has a sibling attended this or another Montessori School? YES / NO

## HEALTH REQUIREMENTS

Please describe any other relevant information about your child, eg physical limitations or medical conditions (eg asthma, epilepsy, allergies):

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*Please notify the school if changes are made to any of the above information*

## ENROLMENT DECLARATION

I understand that to register my child on the Parent Toddler Programme waiting list I also need to complete a School (3-12 yrs) Waiting List Form and return all forms with the appropriate fee. Enrolment into the Montessori Parent Toddler Programme is not a prerequisite for entry into the Canberra Montessori School and I understand it DOES NOT guarantee a place in the school. I am a financial member of the Canberra Montessori Society and I understand that my child's name will be removed from the waiting list should my membership lapse.

Signature \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

## FURTHER INFORMATION

Anyone interested is encouraged to observe a Parent Toddler Group or Cycle 1 class as a means of gaining a greater appreciation of the Montessori approach to education and the functioning of a Montessori classroom.

For further information about the Canberra Montessori School please visit our website or contact us at above address.

## FURTHER READING

- Olaf, Michael, "The Joyful Child. Essential Montessori from Birth to Three".
- Montessori, Maria, "The Absorbent Mind"
- Malloy, T., "Montessori and Your Child: A Primer for Parents"
- Polk-Lillard, Paula, "Montessori A Modern Approach"

## OFFICE USE ONLY

Admin/Let     Finance     M/ship Paid \_\_\_/\_\_\_/\_\_\_     W/List    Cycle 1 Y/N  
 Email +     Email -Curr     D/base     File