

Chapel Hill Montessori Children's House

Waiting List Application

Child's Family Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Please circle) Male Female

Place in Family \_\_\_\_\_

**Contact Information:**

1. Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(Please circle) **mother / father / grandparent / other**

Occupation \_\_\_\_\_

Address: \_\_\_\_\_ P/Code \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

2. Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(Please circle) **mother / father / grandparent / other**

Occupation \_\_\_\_\_

Address: \_\_\_\_\_ P/Code \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Health Information:**

Is your child vaccinated? *(please circle)* Yes / No

It is currently the Centre Policy that we will not enroll a child who is unvaccinated. If your family has a medical reason for not vaccinating, please provide a Medical Exemption letter from your Doctor and attach to this application and it will be considered.

Does your child have any illnesses, phobias or special needs? If so please specify:

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Does your child have any allergies? If so please specify:

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What days do you require care? *(please circle)*

**Mon /Tues / Wed /Thurs /Fri**

Are you flexible with these days?      **Yes / No**

Date from which care is required:

\_\_\_\_\_

*(please note, it may not be possible to start on this date)*

Any special circumstances:

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What languages are spoken at home?

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Is there any other information you feel we should know?

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Is your child toilet trained? **Yes / No**

**All children must be toilet trained to attend the kindergarten program.**

Is it your intention that your child have a Montessori education at Chapel Hill Montessori during the kindergarten and prep-years? **Yes/No**

Is your child booked in elsewhere for these years? **Yes/No**

Previous Childcare/Kindergarten experiences:

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I understand that this application places the above-mentioned child on a waiting list only. My application fee of \$50 (per child) accompanies this application, and I accept that this fee will not be refundable, irrespective of whether a place is offered or not. Application form should be emailed to [info@chmch.com.au](mailto:info@chmch.com.au) and payment should be made direct to our Commonwealth Bank Account No. 10319612 BSB 064152., using your child's name as reference.

I understand that I must attend a viewing of the centre with my child to be eligible for registration.

I understand that children need to be placed on the waiting list, prior to entry. Registration can happen at any time. On the waiting list contact must be made by the applicant to confirm interest each quarter. If no contact is made over a 12 month period the application will be archived.

Signed: \_\_\_\_\_

(parent/legal guardian)

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

**We look forward to beginning the journey with your child and family**

**Office Use only:**

Date received:

Waiting list fee received:

Sibling: yes/no

Special circumstances: