

KARUNA MONTESSORI WAIT LIST FORM

Please complete separate forms for each child:

Child's Full Name:			
Child's Date of Birth:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Mother's Name:	First Name:	Family Name:	
Occupation:			
Full Address:			
Email address:			
Telephone:	Mobile:	Home:	
Father's Name:	First Name:	Family Name:	
Occupation:			
Email address:			
Telephone:	Mobile:	Home:	
Is your child immunised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Please email a copy of your child's immunisation record.	Please email a copy of the Conscientious Objection form.	

FEEES:

I would like to place my child on the Preschool Wait List only:	Yes - \$60 fee <input type="checkbox"/>	No <input type="checkbox"/>
I would like to place my child on the Under 3 Program Wait list only: <i>Please complete the Under 3 Waitlist form</i>	Yes - \$50 fee <input type="checkbox"/>	No <input type="checkbox"/>
I would like to place my child on BOTH Karuna's Under 3 Program and Preschool's Wait list:	Yes - \$100 fee <input type="checkbox"/>	

How did you hear about Karuna Montessori?	Karuna website <input type="checkbox"/>	Facebook <input type="checkbox"/>	Friend <input type="checkbox"/>	Playgroup NSW <input type="checkbox"/>	Warringah Council <input type="checkbox"/>	Other* <input type="checkbox"/>
*If other, please detail:						

DECLARATION:

I/We hereby make application for my/our child as listed above, to be placed on the wait list for Karuna Montessori Pre-school and/or Karuna Montessori Under 3 Program. I/We understand that acceptance of my child's name by the council of management on to the wait list register does not guarantee a placement of the child.	
Signature:	Date: