



APPLICATION FOR ENROLMENT ~ PLAYGROUP

Family Name of Child:	Date of Birth:
Given Name(s) of Child:	Gender: M / F / OTHER
Country of Birth:	<input type="radio"/> Australian Citizen <input type="radio"/> Other
Temporary or Permanent Visa holder Current Visa Sub-Class: Expiry Date:	Aboriginal or Torres Strait Islander: <input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both <input type="radio"/> N/A
Language/s Spoken at Home:	

Immunisation Status: Full Partial Unimmunised AIRS Provided

ADMISSION REQUEST

Requested Admission Calendar Year: _____

Requested Term of Entry: Term 1 Term 2 Term 3 Term 4

Requested Day: Tuesday Wednesday

Intentions to enrol child at MRMS: Yes No

Does your child have a medical condition, allergies or intensive health care need? Yes No

If YES, please specify below and attach a copy of all reports/information/diagnoses to this application.

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MEDIA PERMISSION

I give my permission for photographs/videos of my child/children in conjunction with my child's name, to be taken and published during School based activities: Yes No

School newsletters/emails/publications/website/ social media / media /school pages

Parent/Carer 1 Signature: _____ Date: _____

Parent/Carer 2 Signature: _____ Date: _____

PARENT / CARER 1

Title:	Given Name:	Surname:
Residential Address:		
Postcode:	Suburb:	Contact Phone Number:
Postal Address (if different):		
Email:		
Work Contact:	Place of Employment & Occupation:	
Country of Birth: <input type="radio"/> Australian Citizen <input type="radio"/> Other	Temporary or Permanent Visa holder Current Visa Sub-Class: Expiry Date:	
Language/s Spoken at Home:		

PARENT /CARER 2

Title:	Given Name:	Surname:
Residential Address:		
Postcode:	Suburb:	Contact Phone Number:
Postal Address (if different):		
Email:		
Work Contact:	Place of Employment & Occupation:	
Country of Birth: <input type="radio"/> Australian Citizen <input type="radio"/> Other	Temporary or Permanent Visa holder Current Visa Sub-Class: Expiry Date:	
Language/s Spoken at Home:		

CUSTODY

Child resides with: Both Parents Mother Father Shared Custody

Are there any Court Orders regarding the day-to-day care of the child? Yes No

If yes, please attach a copy and detail care arrangements.

Your application will be acknowledged and receipted. This is not an indication that the application has been successful OR confirmation of your child's placement. In the event of you not being contactable after three occasions during 1 calendar month via phone or email, we may place your application on hold and offer the place to another waiting applicant. Please ensure your contact details are up to date with us.

CONDITIONS:

I have read the Bush Babes 0-3 Playgroup Information and understand that:

- I am responsible for the supervision of my child/ren at all times.
- The fee is a term fee and there are no provisions for reimbursement for sessions or mid-term withdrawal.
- To place my child on the enrolment waitlist for Margaret River Montessori School I need to complete and return the Application for Enrolment form.
- Acceptance of my child's enrolment to Bush Babes is made on a term-by-term basis, until your child turns 3 years of age.
- Placement in our Bush Babes Program is not conditional upon your intention to enrol. However, in times when our waitlist is extensive, preference will be given to those intending on school enrolment and those who have siblings currently attending our school.

Bush Babes is an Allergy Aware Program

Parent/Carer 1 Signature: _____ Date: _____

Parent/Carer 2 Signature: _____ Date: _____

FEES

The Fee Payment is required in full, prior to the term commencement to secure your child's placement in playgroup. Enrolment and payment for each term is required 2 weeks before the end of the previous term. There is a sibling discount of 50% for the 2nd sibling attending play group.

Fee Payment Options:

- Cash
- Credit Card Master Card or Visa (please call the office 08 9757 2564 to organise payment during school term; Monday to Friday 8am-4pm).

Signature of cardholder: _____

EMERGENCY CONTACTS

Title:	Given Name:	Surname:
Residential Address:		
Postcode:	Suburb:	Contact Phone Number:
Title:	Given Name:	Surname:
Residential Address:		
Postcode:	Suburb:	Contact Phone Number:

How did you hear about Margaret River Montessori School?

- Family/Friends previously or currently attending our school
- Margaret River Montessori Website
- Margaret River Montessori Facebook
- Internet Search
- Other Montessori School or Association
- Advertisement
- Other, please specify: _____

We are very happy to assist you with whatever you need to feel comfortable proceeding with our application and/or enrolment process. Please do not hesitate to ask if you have any queries.

Office Use Only

Date Application Fee Received: _____

- Family Receipted/ Email Confirmation
- Entered onto PC Schools
- Entered onto Waitlist Register
- Notified Accounts Officer

Date Application Withdrawn: _____



www.margmont.wa.edu.au • www.facebook.com/margaretrivermontessori
4-6 Clarke Road, Margaret River, Western Australia 6285
(08) 9757 2564 • montessori@margmont.wa.edu.au

Individual Children. Individualised Learning

