

WAITING LIST ENROLMENT FORM

Child's details.			
Child's surname:			
Child's first name:			
Child's preferred name:			
Date of birth:		Sex of child:	<i>Male or female</i>
Full Address:			
Home phone:			
Email contact:			

Parents' details.	
Father's name:	
Father's business/cell phone:	
Mother's name:	
Mother's business/cell phone:	

Child's health/special circumstances.	
Are there any special circumstances regarding the child's health or situation?	

Circumstances affecting waiting list priority. <i>Please indicate which of the following applies to your child by answering 'yes' or 'no' and providing the requested information.</i>	
Child has a sibling currently attending the Preschool OR has a sibling who stayed at the Preschool until 5 years of age (please state full name of sibling).	
Child or child's parent has a previous association with the Preschool (please explain).	
Child is currently attending the Montessori at Otari Playgroup (please state the date the child started at the Playgroup).	
Child has a sibling currently on the waiting list (please state full name of sibling).	

Child is transferring from another Montessori Preschool or Montessori institution (please state name of Preschool/institution and provide proof of attendance).	
Child is transferring from the waiting list of another Montessori Preschool (a change of residence and proof is required - please contact us.)	

Preference for main class.	
Please indicate your preference for whether your child will join the 8.45-15 days ONLY and if you wish your child to do a full day programme (8.45-2.45).	8.45am-1pm programme 5 days ONLY and Full Days 8.45am-2.45pm on M, Tu, Th, F (circle 0, 2,3,4)

Payment. <i>Both payments must be made before the child can be added to the waiting list.</i>	
Enrolment Fee of \$10 per child:	\$
Annual Family Subscription Fee of \$25 per family: <i>Runs September to September. If this Enrolment Form and payment will be received in the months March to July, please pay \$12.50. Does not apply to families already paying the Subscription Fee because of other child on waiting list or attending Preschool.</i>	\$
Total amount:	\$

How did you hear about us?	
Please tell us how you heard about the Preschool (e.g. friends, local paper).	

Returning form and making payment. <i>Please return this form with payment to the Preschool using one of the options below. You will be sent a letter confirming your child's enrolment. The date of enrolment will be the date this form and the required payment(s) are received by the Preschool. Further information (such as proof of attendance at another Preschool) may be provided at a later date.</i>	
Returning the form:	E-mail the completed form to wcmp@xtra.co.nz OR Post or hand deliver the completed form to Montessori at Otari Preschool, 166 Wilton Road, Wellington 6012.
Making payment:	Make an internet banking transfer to the Preschool account 02 0500 0737316 00 – please insert your child's full name as reference OR Post or hand deliver a cheque to the Preschool Office OR Hand deliver cash to the Preschool Office.

Office Use Only			
Date of Enrolment:		Waiting List Category:	
Accounts:		Entered on Waiting List:	