



# ladybird manor

MONTESSORI EARLY LEARNING

## Waiting list Application Form

**Private and Confidential when completed.**

For confidential consideration by the Ladybird Manor Montessori Early Learning.

Please note: a \$86.00 non-refundable processing fee applies and is payable after an orientation visit to the Manor.

### Child's Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_

### Sibling Details

Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Currently enrolled at: \_\_\_\_\_

Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Currently enrolled at: \_\_\_\_\_

Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Currently enrolled at: \_\_\_\_\_

### Parent/Guardian 1 Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employment Basis:  Full-time  Part-time  Casual Employment Status:  Permanent  Contract  Casual

If permanent, years employed: \_\_\_\_\_ If contract, remaining term: \_\_\_\_\_





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## Parent/Guardian 2 Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employment Basis:  Full-time  Part-time  Casual      Employment Status:  Permanent  Contract  Casual

If permanent, years employed: \_\_\_\_\_ If contract, remaining term: \_\_\_\_\_

**Preferred Start Date:** \_\_\_\_\_

**Please circle your preferred time block:** \_\_\_\_\_

### Monday

8.00 - 4.30

8.00 - 5.30

### Tuesday

8.00 - 4.30

8.00 - 5.30

### Wednesday

8.00 - 4.30

8.00 - 5.30

### Thursday

8.00 - 4.30

8.00 - 5.30

### Friday

8.00 - 4.30

8.00 - 5.30

Does your child have any special needs? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergic reactions to food, bees, soap, etc? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

