

Child's Information

Child's Full Name:

Date of Birth:

Male Female

City and Country of Birth:

Country of Citizenship:

Physical Home Address:

Family Information

Your child lives with Mother Father Guardian

Parents/Guardians names:

Home Phone Number:

Mobile:

Email:

Primary language spoke at home:

Other languages spoken at home:

Sibling Information

Siblings name(s) and ages:

Previous Early Childhood Experience, e.g. playcentre, daycare, etc.

Centre name	Times attended, e.g. 3 x mornings	Start Date	Finish Date

About Your Child

What are your child's strengths, interests and preferences?

Why do you want your child to attend Waikato Montessori Education Centre? What do you expect them to achieve at this Centre?

What hobbies, interests or talents could you share with your child's class?

Where did you learn of Waikato Montessori Education Centre?

Medical Information

1. Include the names of any specialists or special education groups your child has had or is still in contact with.
2. Failure to disclose this information or a false declaration may rule your child no longer eligible for the class. Please ask if you are unsure of what to include.

Please state any relevant medical history, including allergies and medications required.

Other information or concerns about your child's special emotional/behavioural/physical needs.

Attendance information

On acceptance, your child will be allocated a full-time place so that hours can be increased as your child develops. Children attend a minimum of three mornings per week. By 4 years old, children will attend every morning and may include full days. By 5 years old, children will attend every day until 3pm.

Privacy Statement

All personal information on your child will be kept securely and remain confidential. Any changes to this form must be signed and dated by the parent/guardian.

Sign-off

Parent/guardian Signature:

Date:

Thank you for your application.