



Wait List Form

Child's name: _____ Preferred name: _____ D.O.B: _____

Parent/Guardian name/s: _____

Address: _____

Home phone: _____ Mobile: _____ Work phone: _____

Email: _____

Preferred start date: _____ Child's age at start date: _____

Number of days required: _____

Preferred days: (*circle applicable days*)

Mon Tue Wed Thur Fri

Reason for requiring position at Cairns

Montessori: _____

What factors would influence an earlier
enrolment? _____

Payment of waiting list fee: **\$35**

Method of payment (*circle one*):

Credit card EFTPOS Cash Cheque

Cheques must be made payable to **Cairns Montessori**

I understand that by submitting the completed waiting list form and associated I am not guaranteed an allocated placement for my child. Cairns Montessori will do their utmost best to allocate a placement for my child on or near my preferred enrolment date.

Name: _____ Signed: _____

Completed forms may be sent to: Cairns Montessori P.O BOX 78 EARLVILLE QLD 4870 or dropped in at 9 Brose Street White Rock QLD 4868. Electronic submissions will be accepted please email to cairnsmontessori@gmail.com