

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 Montessori Early Childhood Experience (please list the centre currently attending first)

Centre Name and name of person we may contact for information.	Times attended, e.g. 3 x mornings	Start Date	Finish Date

About Your Child

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

How do you expect Waikato Montessori Education Centre to meet your child's needs?

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

Upon acceptance, your child will commence in the 6 – 12 year programme at the beginning of either Term 1 or Term 3 (February of July), preceding their 6th Birthday.

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.