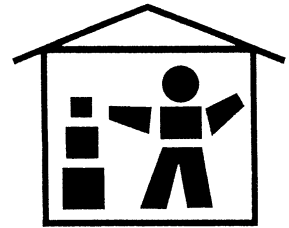


SYDNEY MONTESSORI SOCIETY

ABN 80 001 265 738
PO BOX 6227 NORTH RYDE 2113
www.thechildrenshousemontessori.com.au
admin@thechildrenshousemontessori.com.au



The Children's House Montessori Pre-School
109 Cressy Road, North Ryde 2113 Ph/Fax: 9889 0400

ENROLMENT APPLICATION FORM

Please complete in BLOCK letters and return to the Enrolments Secretary at the above address

Child's Name: Sex:
Family Name Given Name

Date of Birth: Origin of Birth:

Home Address:

Postcode: Home Telephone: Email.....

Emergency Contact:
Name Relationship to Child Telephone

Does your child speak another language besides English? Yes [] No []

If yes, which language?

Does your child have any special needs? Yes [] No []

If so, what are they?

Father's Name: Business Telephone:

Occupation:

Employer:

Business Address:

Mother's Name: Business Telephone:

Occupation:

Employer:

Business Address:

Parents' Hobbies or Interests:

Siblings (Names and ages of brothers/sisters):

