

APPLICATION FOR ENROLMENT

Details of Child

Family Name:

Given Names:

Preferred Name:

Gender:

☐ Female ☐ Male

Date of Birth:

Aboriginal and/or Torres Strait Islander decent

☐ Yes ☐ No

Previous education and care experiences:

Languages Spoken at Home

Enrolment Preferences

☐ Full Time (5 days per week)

☐ Part time - Eucalyptus has set booking days for part time enrolments

☐ Monday, Tuesday and Wednesday (3 days)

☐ Thursday and Friday (2 days)

Are you flexible with these days? ☐ Yes ☐ No

Preferred start date:



Contact Information

Primary Caregiver 1

Family Name:

Given Names:

Street Address:

Suburb/Town:

State:

Postcode

Business hours contact phone number:

After hours contact phone number:

Mobile phone number:

Relationship to child

Email Address

Primary Caregiver 2

If applicable. If completed, this person must co-sign this enrolment form.

Family Name:

Given Names:

Street Address:

Suburb/Town:

State:

Postcode

Business hours contact phone number:

After hours contact phone number:

Mobile phone number:

Relationship to child

Email Address



Medical History

Name of Doctor or Medical Service:

Does your child have any allergies, medication, disabilities, special needs and /or special considerations? ☐ Yes ☐ No

If yes, detail the condition/s and indication whether management procedures have been established:

Is your child fully immunised? ☐ Yes ☐ No

If your family has a medical reason for not vaccinating, please provide an Immunisation medical exemption form (IM011) completed by your Doctor.

Our immunisation policy is available upon request

Application Fee

Banking Details for Direct Deposit Payments:

Account Name: Eucalyptus Montessori

BSB: 062-904

Account Number: 1049 7599

EFT Reference: (your child's name)

I understand that this application places our child on a waiting list only. My application fee of \$50 accompanies this application and I accept that this fee will not be refundable, irrespective of whether a place is offered or not. Further, I understand that if I have not contacted the centre for a six-month period to express continued interest my application will be archived.

Signature:

Date:

We look forward to beginning this journey with
your child and family

