



# Chrysalis Montessori Playgroup Application Form

Child's Surname: \_\_\_\_\_

Child's Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female  Male

Proposed Year and Term of Entry: \_\_\_\_\_

Preferred Morning: Tuesday  Wednesday  Thursday

Details of any Medical or Developmental Concerns: \_\_\_\_\_

### Name of Parents/ Guardians (in full):

Parent (1): \_\_\_\_\_ Parent (2): \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_ P/C \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone:(Home): \_\_\_\_\_ Telephone:(Home): \_\_\_\_\_

(Work): \_\_\_\_\_ (Work): \_\_\_\_\_

(Mobile): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Siblings Names & DOB: \_\_\_\_\_

How did you hear about Montessori Playgroup: \_\_\_\_\_

I/We enclose payment of the \$10.00 non-refundable application fee and understand that this application **DOES NOT** guarantee that a place will be offered to us.

**Electronic Bank Transfer:** Chrysalis Montessori Playgroup **BSB:** 016 334 **Account Number:** 1002 64839

Signed: \_\_\_\_\_  
(Parent 1)

Signed: \_\_\_\_\_  
(Parent 2)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Chrysalis Montessori School**  
3-5 Parkland Road  
Glendalough WA 6016  
Telephone (08) 9444 6025 Email [playgroup@chrysalis.wa.edu.au](mailto:playgroup@chrysalis.wa.edu.au)

#### Office Use Only

Application Form Received: __/__/__	<input type="checkbox"/> Email
Application Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact List
Start Day: <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> File
Start Date: __/__/__	