



Totara Hill Montessori Matakana

One Smith Road, Matakana, RD5 Warkworth 0985
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www.totarahillmontessori.co.nz

PRE ENROLMENT FORM

Child's Information:	
Child's Full Name:	
Preferred Name:	
Date of birth:	Male / Female

Parents/Guardian:			
(1) Full Name:		(2) Full Name:	
Postal Address:		Postal Address: <i>(if different)</i>	
Post Code:		Post Code:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Mobile:		Mobile:	
Email:		Email:	

Please indicate your preferred days for attendance.					
Days	Monday	Tuesday	Wednesday	Thursday	Friday
Times	8.30am- 2pm	8.30am- 3pm	8.30am- 3pm	8.30am- 3pm	8.30am- 3pm

COMPLETING THIS FORM PUTS YOUR CHILD'S NAME OUR LIST, BUT DOESN'T GUARENTEE A PLACE ON THE DAYS YOU SELECT, IT GIVES US AN IDEA WHEN YOUR CHILD WILL BE STARTING AND WHICH DAYS YOU WOULD PREFER. WE LIKE PARENTS TO ATTEND AN INTRODUCTOR EVENING WHERE POSSIBLE BEFORE FULL ENROLMENT. WE KEEP IN CONTACT BY EMAIL IF WE DON'T HEAR BACK , WE MAY ASSUME YOU DON'T WANT A PLACE SO **PLEASE** LET US KNOW IF YOU UPDATE YOUR CONTACT INFORMATION.

FULL ENROLMENT TAKES PLACE A FEW DAYS BEFORE YOUR CHILD STARTS AT TOTARA HILL MONTESSORI, AT THAT POINT WE NEED A COPY OF YOUR CHILD'S PASSPORT OR BIRTH CERTIFICATE AND VACCINATION INFORMATION.

Signed:	Relationship to Child:	Date:
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For office use only						
Date recvd:	W/Lst entered:	Let/E sent:	FB W/L	Date Intro Even. Letter sent	Sibling Y/N	Comments: