

TRINITY COLLEGE Montessori preschool



Application for Enrolment

Surname Given names DOB

School enrolled in Start date

Preferred Preschool starting date

Mother's name

Postal address

Telephone (Home) Telephone (Work)

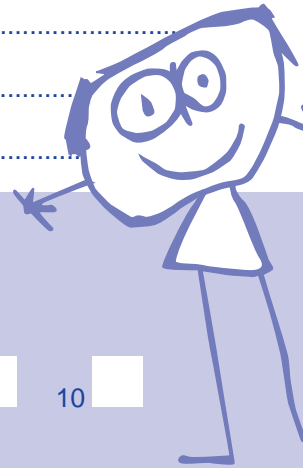
Telephone (Mobile) Email

Father's name

Postal address

Telephone (Home) Telephone (Work)

Telephone (Mobile) Email



I would like my child to attend: (Please tick appropriate box)

Pre-Entry 1 session Monday am only

Preschool Sessions 2 3 4 5 6 7 8 9 10
(minimum of 2 sessions)

Preferred Days Mon Tues Wed Thu Fri
(please circle) am / pm am / pm am / pm am / pm am / pm

Please indicate if out of hours care will be required.....

This is an application for enrolment. Before your child's place is confirmed, enrolment forms will be forwarded to you.

Fees and deposits are not refundable if a child leaves before the end of a term except by prior arrangement.

Known Allergies (Y / N) If Yes, please give details

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