



An Initiative of  
The Trustees of the  
Christian Brothers (Qld)  
St Francis Xavier Province

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## Waiting List Application

### **PARTICULARS OF CHILD**

Name: \_\_\_\_\_ Male / Female  
Address: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/20\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
E-mail address \_\_\_\_\_

Please supply any relevant information on your child's medical history.  
(Allergies, medication, disabilities) AND/OR Special Considerations?

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Any previous centre/s attended / dates? (Indicate if Montessori)

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What year does your child start prep/primary school? \_\_\_\_\_

Does your child speak English as first language? \_\_\_\_\_ If No – Principal language \_\_\_\_\_

Yes / No Has an older sibling attended IMPC/IMCH or Nudgee Junior College?

Yes / No Do you have any affiliation with Nudgee Junior College or Riverglenn Conference Centre?

### **FAMILY INFORMATION**

Child's Position in family: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone No: (h) \_\_\_\_\_ (b) \_\_\_\_\_ Phone No: (h) \_\_\_\_\_ (b) \_\_\_\_\_

Mob: \_\_\_\_\_ Mob: \_\_\_\_\_

Where did you hear of our Centre and what reason (if any) caused you to make contact?

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PLEASE TICK THE APPROPRIATE BOX BELOW

**All children are enrolled on a Long Day Care basis 50 weeks of the year.**

**Indooroopilly Montessori Children's House**

- Nido (Nest): 6 weeks to 15 months (minimum 2 days)
- Infant Community: 15 months to 2 years (minimum 2 days)
- Children's Community: 2 years to 3+ years (minimum 2 days / 3 year old min 3 days)
- Children's Community: 3 years to school age (minimum 3 days)

Desired days 1<sup>st</sup> Preference (pls circle) Mon Tue Wed Thurs Friday

Desired days 2<sup>nd</sup> Preference (pls circle) Mon Tue Wed Thurs Friday

*Please note we cannot guarantee preferred days as we must keep the groups balanced. Placements are at the sole discretion of the Director.*

Starting Date Desired.....

I understand that this application places the abovementioned child on a WAITING LIST only. My

**APPLICATION FEE OF \$44 (Including gst) for each child** accompanies this application and I accept this fee will not be refundable irrespective of whether a place is offered.

**Online (Only) Banking Details**

Account Name: Archdiocesan Development Fund  
 BSB: 064-786  
 Acct. No.: 517910100  
 Ref: Your Child's Name

**This application does not constitute the offer of a place.**

Signature \_\_\_\_\_

Date of application \_\_\_/\_\_\_/20\_\_

**Office Use Only**

Attended Observation morning or tour of centre: \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_

Sibling – Yes/No Name \_\_\_\_\_

Date Received \_\_\_/\_\_\_/20\_\_ Group Preference.....

Received No. \_\_\_\_\_ Comments \_\_\_\_\_

Amount \_\_\_\_\_ Chq/Cash/Eftpos/direct deposit.