

Enrolment Application – Waiting list

Little Sophia Inc.



Particulars of child

Child's name _____ DOB: / / 20 M/F Proposed year of entry ____

Is your child immunized? YES NO

Please note that due to Victorian legislation children who are not immunized cannot enrol into kindergarten.

Particulars of parents

Parent's name _____ Occupation _____

Address _____ Post Code _____

Home phone _____ Mobile _____ Work phone _____

E-mail address _____

Parent's name _____ Occupation _____

Address _____ Post Code _____

Home phone _____ Mobile _____ Work phone _____

E-mail address _____

PLEASE PRINT DETAILS CLEARLY

* Have any siblings attended Little Sophia Kindergarten? In which year did they complete? _____

* Will your child be participating in Steiner education after attending the Kindergarten? _____

* How did you hear about Little Sophia Kindergarten? _____

I would like to enrol my child into the following programme/s –

- 1. Family Playgroup** 0 – 3.5years age group – playgroup Monday morning
Year of entry ____ Number of other siblings attending _____ Age of siblings _____
- 2. Family Playgroup** 0 – 3.5years age group – playgroup Monday afternoon
Year of entry ____ Number of other siblings attending _____ Age of siblings _____
- 4. Kindergarten** 3 – 6 age group All Day Kindergarten program (min 2 days, max 5 days)
Year of entry _____
Preferred days (please circle if known) MON TUES WED THURS FRI or Number of Days ____
Preferred Teacher (please circle if known) Heiderose Starck Mary Jacka / Elly Hall

An application fee of \$50, which is non-refundable, must accompany this application form.

Payment to be

made by direct deposit into Little Sophia's account or cheque payable to Little Sophia Inc.

Bank Account details:

BSB: **083 347**

A/C: **589 696 062**

Name: **Little Sophia Inc**

Reference: **Child's full name**

Applicants who sign are responsible for payments of all fees and charges.

Please note Sophia Mundi Steiner School has a separate enrolment form & fee. Please contact the school on 9419 9229.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Confirmation application fee paid \$50- reference number: _____ Date & Initial: _____