



Waiting list application

CHILD DETAILS

Family Name	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Given Names			
Preferred Name	Birth Date		
Does your child have a sibling that attends Westbourne Grammar School or Amici - Westbourne Early Learning Centre?	Yes	No	
Is either parent a past student of Westbourne Grammar School?	Yes	No	
If yes, Year of Graduation	Maiden name if applicable		
Is there any additional information we need to know in relation to your child? If yes,			

CARE REQUIRED (operating hours are 7.00am to 6.00pm)

<input type="checkbox"/> Monday	Tuesday	Wednesday	Thursday	Friday
Date place is required: Month			Year	
What year will your child commence primary school?				

FAMILY DATA

Father or Guardian

Family Name	Given Name		
Address			Postcode
Email address			
Home Phone	Mobile		
Work Phone	Occupation		
Work/Study details			
Working	Full Time	Part Time	Casual
Studying	Full Time	Part Time	Casual

Mother or Guardian

Family Name	Given Name		
Address			Postcode
Email address:			



Home Phone

Mobile

Work Phone

Occupation

Work/Study details

Working

Full Time

Part Time

Casual

Studying

Full Time

Part Time

Casual

APPLICATION INFORMATION

Please submit one form for each child. This is not a guarantee of enrolment. There is a \$50 non-refundable application fee and on commencement, a \$470 deposit which is refunded when the child leaves the Centre. All fees are to be paid fortnightly.

I acknowledge that all information is correct at the time of signing.

Signed:

Date:

Parents should be aware that this waiting list application is for entry into the Amici - Westbourne Early Learning Centre only.

Families wishing to enrol their child into Prep must complete a Westbourne Grammar School Application for Enrolment and pay a separate \$150.00 application fee. Contact the Office of Admissions and Marketing for an application form on 9731 9412.

PAYMENT METHOD

Name

Address

Postcode

Telephone

CASH CHEQUE (Payable to "Westbourne Education Services Ltd")

VISA MASTERCARD BANKCARD DINERS AMEX

Name on card (please print)

Signature

Card Number

Expiry Date

/

Amount \$

AMEX CARD (Four digit code required)

VISA/MASTERCARD (Three digit code required-printed on signature strip of card)

OFFICE USE ONLY

Date received:

Date entered:

Entered by:

Receipt number:

Westbourne Education Services Limited
P.O. Box 37
Werribee VIC 3030

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