

Pre3Montes Playgroup Application

Perth
Individual
A progressive Montessori College

Date _____

Application is hereby made for the admission of _____
(Child's Full Name)

to the Perth Individual Pre3 Montes Playgroup.

Our preferred day would be (please tick) Monday Wednesday Friday

Parent/Responsible Person/Guardian

Name _____

Address _____ Suburb _____ Post Code _____

Parent 1 email address _____

Parent 1 mobile number _____

Parent 1 / Guardian signature _____

PAYMENT - A payment of \$160.00 - 1 day per week for 10 weeks is required.

Please select your choice of payment:

★ **Credit Card (MasterCard or Visa only)**

Credit Card No _____ Expiry Date ____/____/____ CCV _____

★ **Direct debit:** Account Name: Perth Individual BSB: 036037 Account Number: 118381

Signature of card holder _____

Please use your surname as the payment reference and email a copy of your direct debit receipt to
admin@pi.wa.edu.au

★ **Payment can also be taken over the phone 08 9362 3186**