



**Mahurangi
Montessori
Primary
Trust**

47 Westminster Glen, RD5, Warkworth

Registration of Interest for Enrolment to Montessori Primary School Unit

Parents' name(s) _____

Address _____

Home phone _____ Work phone _____ Mobile _____

Email address _____

Child's name _____

Child's dob _____

Details of Montessori Preschool experience (please include dates, nos of sessions and preschool attended) _____

Will your child attend a Montessori Preschool until s/he is six? _____

Any other info you would like us to know when registering your interest _____

Is there any info that you would like from us? Please indicate your preferred method of communication. _____

I/we understand that at this stage I am /we are simply indicating my/our interest in enrolling my / our child and that completing this form in no way binds either party to any course of action.

Signed _____

Dated _____