



## STUDENT MEDICAL DETAILS

<b>Allergies/ Medical Alert</b>	Please specify <b>any allergies /medical alert, particularly ANAPHYLAXIS</b> , relating to the student (e.g. Allergies to nuts, penicillin, bee stings, asthma, diabetes, epilepsy management etc). <b>If the child has an Action Plan, please supply a copy.</b>

## STUDENT BACKGROUND

Please specify any physical, emotional, educational or other needs which may impact on your child's education.	
Has your child attended Pre-school or Childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Pre-school or Childcare Centre:
Why are you choosing Southside Montessori for your child?	<input type="checkbox"/> Montessori aligns with my parenting philosophy. <input type="checkbox"/> I/We intend to enrol our child in the 3-6 Program <input type="checkbox"/> The location is convenient.  <input type="checkbox"/> Other (Please Specify)

## PHOTOGRAPHY PERMISSION

I hereby consent to the use of photographs taken of my child during the school year for publicity, promotional and/or educational purposes (including the Newsletter/App, Newspaper Articles, Adverts, Socials & website.)

YES, I give permission  
 NO, I do not give permission

## PARENT ACKNOWLEDGMENT

- ✓ **Fees are to be paid at the beginning of each term.** We regret that payment 'by class' is not available.
- ✓ The NIDO Program is designed to prepare children for the Parent & Child Program (18-36 months) as well as Stage 1 (3-6).
- ✓ Priority for transition into Stage 1 is given to participating children in the Parent Child Program.
- ✓ The adult caregiver must remain on site for the whole session.

I/We declare that the information provided is true and correct.

I/We agree to abide by Southside Montessori School's Policies and Procedures and Terms of Enrolment.

**Signature of Parents/Caregivers:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_