



35 Lillian Road Riverwood NSW 2210 Tel: 02 9533 1229

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PARENT & CHILD ENROLMENT FORM

PARENT	DAYS PER WEEK (OPTIONS)		DAY/TIME	
& CHILD PROGRAM	1 Day Program	418 AUD/term	Wednesday/Thursday (Please circle)	9.15am -11.15am
(18-36 mths)	2 Day Program	700 AUD/term	Both Days Wednesday &Thursday	9.15am -11.15am

Preferred starting date:

STUDENT DETAILS			
First Name:	Preferred Name:		
Middle Name:	Date of Birth: / /		
Surname:	Country of Birth:		
Gender: 🗖 Male 🗖 Female 🗖 Prefer not to say	Language/s spoken at home:		
Nationality:			

FAMILY MAILING DETAILS			
Family Mailing Ti	tle: (eg: Mr & Mrs, Ms):	Home Ph:	
Family Address:	House/Unit/Flat No:		
	Street Name:		
	Suburb:	Post Code:	

LEGAL GUARDIAN DETAILS				
PARENT 1 PARENT 2				
Name:				
Mobile Ph:				
Email:				

PERSONS AUTHORISED TO ATTEND IN YOUR ABSENCE					
PERSON 1 PERSON 2					
Name:					
Mobile Ph:					
Email:					

APPLICATION REQUIREMENTS		OFFICE USE ONLY	
Passport Sized Photo		Photo Provided:	🗖 Yes 🗖 No
Copy of Birth Certificate		Birth Certificate Provided:	🗖 Yes 🗖 No
		Accepted:	🗖 Yes 🗖 No
		Enrolment Date:	

STUDENT MEDICAL DETAILS

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

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	🗖 Yes 🗖 No		
Childcare?	Name of Pre-school or Childcare Centre:		
Why are you choosing Southside Montessori	Montessori aligns with my parenting philosophy.		
for your child?	I/We intend to enrol my child in the 3-6 Program.		
	The location is convenient.		
	Referred by a friend.		
	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 Parent Child Program is designed to prepare children for Stage 1 (3-6).
- ✓ Priority for transition into Stage 1 is given to children participating in the Under 3 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:

 Da	ate:	
 Da	ate:	