

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 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 my child in the 3-6 Program. <input type="checkbox"/> The location is convenient. <input type="checkbox"/> Referred by a friend. <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.)
<input type="checkbox"/> YES, I give permission <input type="checkbox"/> NO, I do not give permission

PARENT ACKNOWLEDGMENT
<ul style="list-style-type: none"> ✓ 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:

Date:

Date:
