



# Southside Montessori School

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## BABY (NIDO) ENROLMENT FORM

NIDO PROGRAM (4–18 mths)	DAYS PER WEEK (OPTIONS)		DAY/TIME	
	1 Day Program	\$300/term	Thursdays	11am – 12.30pm

Preferred starting date: \_\_\_\_\_

STUDENT DETAILS	
First Name:	Preferred Name:
Middle Name:	Date of Birth: / /
Surname:	Country of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	Language/s spoken at home:
Nationality:	

FAMILY MAILING DETAILS	
Family Mailing Title: (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 <input type="checkbox"/>	Photo Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Birth Certificate <input type="checkbox"/>	Birth Certificate Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Enrolment Date:

### 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"/> 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.)

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